

	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11893					
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN (Se) Month	Day Year 2b. HOL					
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within 24 hours after deoth pencil in Item 18. Give Pages 1, caminer's Office along with formile pages land 2 with the State De 72 hours after deoth.		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dottes of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  George Alston-1221 58th Ave	nue					
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
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+		21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 10 HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	n 18.)					
INER: e certification,	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town	County Stote					
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DLYISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11894 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. DECEASED-NAME First Middle 20. DATE KNOWN Month Dov 2b. HOUR OF ESTI-DEATH MATED & 8-5-68 (Type or Print) Poge Daniel 19.2 22am Raymond Armstrong 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH 2c DATE PRONOLINGED DEAD 2d. HOUR 68 19 1:28am M 3-26-1942 Male White 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED (ountry) TII. U. S. A. WIDOWED | DIVORCED | Prince George's Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR duing most of working life, even if retired.) INDUSTRY Custodian at Apartment Building give street oddress) Prince George Hospital Cheverly 13e. STREET AND NUMBER OOOL Riggs Road 130. USUAL RESIDENCE (Where deceosed liyed, if institution: Residence before 13c, CLTY OR TOWN 13d. INSIDE CITY LIMITS? Monteomery Pr Geo Rockville Item 18. YES NO 78049 /Resease /BYvd. offer 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Armstrong, Sr. Raymond Amola Coats 5 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no. or unknown) 1960 to 1961 356-43-8546 Father 3 LOuis Rd., Joliet. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH should be forworded to the Chief Medical permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Multiple skull fractures event Conditions, if ony, which gove rise to immediate couse (o). This certificate should writing the word duy DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse 200 pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(6) 0 or removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO IX certificate, 21c. HOW INJURY OCCURRED (Enter noture of injury in printing or a beautitiment. 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year PRIMARY TO OR CONTRIBUTING burial, cremotion, Driver of car which ran off road and struck 12:20am 8-5- 1968 CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street. 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED · City or Town County Stote foctory, office building, etc.). Ardmore Ardwick Road, Prince George County, Maryland 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection . Inquiry . and in my apinian death resulted fram: Natural Causes . Accident 20. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. 8-6-68 DEPUTY MEDICAL EXAMINER X 5 may 10 FUNE Health **EXAMINER'S** NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) 230. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. 10CATION (City of Town) REMOVAL (Specify) Versaelles Cem. Braydyddd, 8-10-68 Burial 250, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE F. Gasch's Sons 4739 Balt. Ave, Hyattsville, Mdm AUG 8 1968 VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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and co	14. F	ATHERS NAME First Edward	Middle Lost	1s. MOTHER S MAIDEN	NAME First Mic	Davis Last
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the hospital or aftending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completing the property of the property of the prior to burial-transit permit. Then please remove construction to be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event,	160 Y	WAS DECEASED EVER IN U.S. ARME es, na, or inknown) (1 yes give wor	D FORCES? or dates at service) 16b SOCIAL SECURITY N	17 INFORMANT Mr. Stewar	t Bainum 5105 Edell t Bainum 510er 51	
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R: A		saw the deceased all causes stated abave.	(I) (we) (did) (did-not) view the	bady after death.	omi) abinian aearn accurrea an	, 19 <u>_k</u> that (I) (we) last the date and haur and from the
Sho etoji		22b. SIGNATURE	0 0	ATTENDING	MED. STAFF	22c. DATE SIGNED
OR be r		R.	N Sander	DEGKEE PHYS	DIRECTOR L. PHYS. L.	1-7-65
SPITAL 4 may WERAL for, page Id be fi		22d. PHYSICIAN S NAME (Type)	38,,40	MD. 22e ADDRESS 7701	Correll An Th	Pt my
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to	230. B	BURIAL, CREMATION, 23b D. REMOVAN (Specify)	ATE 23t NAME OF 19. 1968 9t. L	CEMETERY OR CREMATORY  ncoln Cemetery	23d LOCATION (City or Town Prince Geor	ge Co., Maryland
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30M REV 1 St	6	Varner E. Pumph	rey, Inc. Silver S	pring, Md. DA	TE AUG 2 1 1968 K	Charles Yndge



	١.	MARYLAND STATE DEPARTMENT OF HEALTH  1 1 R R DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	198
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EXAMINER: ute the certi age 4 shauld your files Page 3 shaul		WHILE AT WORK	,
		220. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🚽, Inquiry 😓	and in my opinion
d f d f		death resulted fram Natural causes, Acciden 3, Suicide , Hamicide , Undetermined manner	
please et director, retained DIRECTO or to bus		CHIEF MEDICAL EXAMINER	
Y, P Y, P ral ral AL prio		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 225 DATES	IGNED
TO DEPUTY necessory, pl the funeral   5 may be re TO FUNERAL   Health prior		EXAMINER'S NAME (Type)  John Kehoe, M.D. Riverda Deuty Medical EXAM.NER ADDRESS (Street, city, town, or county)	22-68
the the Hec	230		(County) (State)
J.	1	SURIAL / 8-24-1968 FORT LINCOLN CEM COLMAR MANO	R MD
£ 3	24	FUNERAL D RECIDE / LANGE STRANGE PLANESS ADDRESS AND STREET BY REGISTRARS STRANGE AUG 28 1968 XIII AND DATE AUG 28 1968 XI	
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MAKTLAND STATE DEPARTMENT OF HEALTH 11892 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 2n. DATE OF DEATH 2b. HOUR hours after deoth (Type or print) Month Year Boris 1968m Benes Aug .30A 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years F JADER 1 YEAR IF JNDER 24 HRS lost birthday) Male White YR5 in by 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) CUBA WIDOWED [ DIVORCED [ Pronce Georges 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the death tertificate be executed within carban p give street oddress) during most of working life, even if retired ) INDUSTRY Indust, factory Pr. Geo. Gen. Hosp Cheverly burial, cremation, ar removal, and in ony event, 13o. USDAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 36 INSIDE CITY LIMITS? YES NO F HOS ElMKON CHARLOTTE Klenhora 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle First Benes Ke beca 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) 265-72-0961 Bernardo Benes 1666 Bay Dr MAN APPROXIMATE INTERVAL ottending permit. The 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) BETWEEN ONSET AND CHAT PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove Hepatic coma rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse w Metastatic Malispant PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Health prior to hos been 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO FA TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) far OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Dov Year detached for the Dept. of 1 (11 either, notify medical examiner) State Dept. 21d MUURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No City or Town Stote (ounty While Not while of work 22a. I certify that (1) (this hospital) attended the deceased fram function, 1965, to aug 22, 1968, that (1) (no) last saw the deceased alive an aug >/ 1966, and that in (my) (out) apinion death accurred an the date and hour and from the director, page 3 should should be filed with the causes stated above, (i) (we) (did not) view the bady after death. 22b SIGNATURE 22c DATE/ SIGNED 14) ATTENDING DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS 230 BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b. DATE (County) (Stote) BURTAL REMOVAL 8-23-68 MT. SINAI MXX MIAMI, FLORIDA ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) OL LEVINSON & BROS., 6010 REISTERSTOWN ROAD 30M REV 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED-NAME HEALTH DEPT. 2n. DATE KNOWN Month Day Yeor (Type or Print) ESTI-Page 19 7:31 pm Bigelow 8-10-68 Hassie Leon DEATH MATED 3 SFX A RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOUR MONTHS 68 19 8:15pm M 5-17-1917 Male Negro 70 BIRTHPLACE (State or foreign MARRIED TO NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED [7] North Carolina U.S.A. DIVORCED [ Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Prince George Hospital during most of working life, even if retired.) INDUSTRY Cheverly Truck Driver l and 2 with 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN odm ssion) STATE District of Columbia 207 6th. St., Washington 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alhert Chambers 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Hillcrest, Md. (Yes no, or unknown) (It was give war at dates all service) Elouise Bigelow - 5021 Chadwick Cr within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) permit: ie certificate, writing the word "pending" is shauld be farwarded to the Chief Medical BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Penetrating wound of left chest event 1 DUE TO, OR AS A CONSEQUENCE OF Gear shift lever of auto. burial-transit Conditions, if any, which gove nse to immediate cause (a). pluous DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AJTOPSY? WAS PERFORMED? please execute the certificate. YES EXT NO T 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. 7:30 pm 8-10- 19 68 Passenger in car which struck a tree. 21d NJURY OCCURRED 21e PLACE OF IN, JRY (At home, form, street, foctory, office building, etc.) 21f (OCATION Street or R.F.D. No. City or Town County State 2400 block of Oxon Run Drive. Prince George County. 22a | certify that I taak charge of the remains described above, held an Autopsy [X], Inspection X Inquiry . and in my apintan Natural causes Hamicide \_\_\_\_ death resulted fram: Accident 71. Suicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-12-68 5 h TO FUN Health DEPUTY MEDICAL EXAMINER DC **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) John Kehoe MD Riverdale, Md. 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((ounty) (Stote) REMOVAL (Specify)
Burial 8-15-68 Harmony Memorial Prince George, Md. 24. FUNERAL DIRECTOR John t. Rhines Co. Funeral Home John t. Rhines Co. Funeral Home 3015 12th Street, NE., Washington, D.C., DATE AUG 16 1969 your and a second 250 REC'D BY REGISTRAR VR A15ME (5) 10M REV 1768

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Middle Last 20 DATE KNOWN Month Day Year 2b HOUR any delay is 2, and 3 to PM3. Page (Type or Pont) John Bobel 1968 DEATH MATED X 4 RACE 6. AGE (fin years IF UNDER 1 YEAR IF JNDER 24 HRS. 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 00y2 Year 8 Nov., 1910 YRS Za BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, duntry Illinois commer's Office along with farm WIDOWED [ DIVORCED [ USA Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of warking life, even if retired) INDUSTRY Cheverly Prince George Hosp. Carpenter Construction 13a USUAL RES DENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN
13a COUNTY Bladensberg demth. 13d. INSIDE CITY JIM.15? 13e STREET AND NUMBER Prince George YES IN NO 51st St. and 2 \ 14. FATHER S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Peter Bobel Marciann Neton pages 16a WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, na, or unknown) Ann Bobel Bladensburg, Md. 271 05 3396 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Ncute pulmonary edema IMMEDIATE CAUSE (a)\_\_\_\_ Minutes DUE TO, OR AS A CONSEQUENCE OF should be farwarded to the Chief Canditians, if any, which gave Arteriosclerotic heart disease unknown rise to immed ate cause (a). certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (a) Associated with cirrhosis of liver. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal, CATION 19n DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🖳 NO | 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town Caunty State factory, office building, etc.) WHILE NOT WHILE O 220. I certify that I took charge of the remains described above, held on Autopsy [x], Inspection [50]. Inquiry 3 and in my opinion deoth resulted from: Natorol couses 7 Asoldent . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funmral SIGNATURE ., Riverdale John Kehoe, M.D DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CHEMATGRY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore National Aug 26, 1968 Baltimore, Md. Buria. 25g RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Hvattsville, Md. DATE AUG 2 6 1988 F. Gaseh's Sons VR A15ME (5) TOM REV 1 68



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
est .		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11905
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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bical director P director P stained fa DIRECTOR		death resulted fram: Natural causes/ , Accident/ , Suicide , Hamicide , Undetermined manner [	]
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.  TO FUIERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating.			ig. 31,19		B HEART CEM		1	D, ST. MAR	Y S. MARY	rrykand
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•	B.	MARYLAND STATE DEPARTMENT OF HEALTH	
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end s bid s bid sis	ĪĒ	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
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Affine State	ı	22a I certify that (I) (this haspital) attended the deceased fram 7/5, 19 68, to 8/3, 19 66, that (I) (we) saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram	the
P. The		causes stated above, (1) (we) (did) (did-net) view the body after death.	1110
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=		no -			Mrs. Bruce 1	Brenna	n McLe	an Va.	IMATE INTERVAL
	1	8 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE			montan dua t		oulotin o	BETWEEN (	DINSET AND DEATH
	1	IMMEDI.	ATE CAUSE (a)		ruction due t		1 ileum.	).L	
ì	-	Canditians, if any, which gave	DUE TO, OR AS A CO					, a1	
ı	- 1	nse to immediate couse (a). (b) Massive aspiration of gasetic Contests, College							
L		stoning the underlying couse (c) Arteriosclerotic heart disease.							
L	ı	PART 2 OTHER SIGNIFICANT CO					VEN IN PART 1(a)		
ı,	_	4	Gane	alized art	eriosclerosis				
	CERTIFICATION	9a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPE		20o. AUTOPSY?	20b	IF YES, WERE FINDING SES OF DEATH?	S CONSIDERED IN C	ERTIFYING
A STATE OF					YES XX NO		Yes		
	- 1	TO ACCIDENT WAS UNDERLY!		h Day Year	HOW INJURY OCCURRED (En	nter nature of in	njury in Part 1 or Part	2, Item 18.)	
100	ă L	If either, natify medical exami	iner) P.M.	19		A1			Chah
1		While Not while	OFFICE	RUILOING, ETC.	E. LOCATION Street or R F.D		ity or Town	County	State
		22a I certify that (I) (\$\) saw the deceased c causes stated abov	attended	the deceased from	7- 8 - 19	ha, ta_	August 3.	date and hour	(1) <b>XXXX</b> last
		causes stated abov	e, (I) (we) (did) (did)	view the bady of	er death	pinion deun	n occorred on the	uule viiu iiuvi	und nom me
l		22b SIGNATURE	. 1		ATTEMPING _		2	2c. Date Signed	
l	-[	C	mer S.	Donal	EGREE PHYS XX	DIRECTOR C	STAFF C	3-5-6	¥
		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS				
-		01	iver Bond, M	D.,			d. Lanhan		
2	30	DEMOVAL (Specific)	100.	23c NAME OF CEMETERY		1 -21	HON (City or Town)	(County)	(State)
1	24. 1	UNERAL DIRECTOR	19484 X,1468	ADDRESS		BY REGISTRAR	256, REGISTRA	AR'S SIGNATURE	1 -1 .
,	1	Mr. Fuer	v 4101	Wise ta.		NUG 9		liantes of	udge.
~	3		8 11 17 12 A	U Water To Car De	The second secon				

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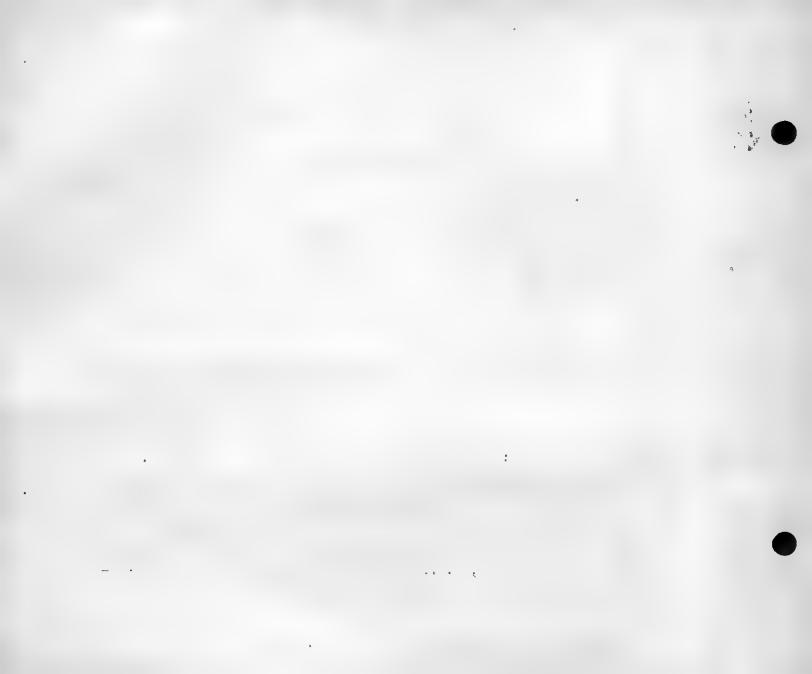
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		11901 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2:0
HEALTH DEPT.	1 D	ECEASED NAME First Middle Lost 20 DATE KNOWNES Month	Day Year 25_HOUR_
ay is 3 to Page	(		21 1968 8:45
delay and 3 Pa	3 5		Year 1968 10:39
	70 (0ur	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1400   a. w
oages trh. far	L	windows   Little deolige	Md.
r dest g with		Cheverly give street address) Prince George Hosp during most of working ife, even if retired)	26 KIND OF BUSINESS OR NDUSTRY
haurs after death tem 18 Give Pages Office along with far 1 and 2 with the State after death.	13o a	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN dmission) STATE Md. 13b COUNTY ince George Rural YES No x Rt 197, Box 12	tchelville 9 G
4 haurs n them 18 s Office s land 2	14. F	Samuel E. Brooks Lost SMOTHER'S MAIDEN NAME FIRST Middle	Last
This certificate should be executed within 24 haurs after death licate, writing the word "pending" in pencil in Item 18. Give Pages be farwarded to the Chief Medical Examiner's Office along with fail abe used as a burial-transit permit. File pages 1 and 2 with the State ar remayal, and in any event within 22-thours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES?  6s. no. or unknown) (III yes give war or doins of service)  None Samuel E. Breck's Same is	13 E
		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecute nding" Medica permit		PART I. DEATH WAS CAUSED BY Drowning	Minutes
ie ey pen ef M ef M sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave	
should be e word "per the Chief I urial-transit in any ever		rise to immediate couse (a). (b)	
shot e w o the		lost. (c)	
INER: This certificate should be executed to certificate, writing the word "pending" should be farwarded to the Chief Medical files.  3 should be used as a burial-transit permitation, or remayal, and in any event within	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
te, writ farwar e used remava	CERTIFICATION	196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
MINER: This of the certificate, 4 shauld be far if iles. e 3 shauld be u imation, ar rem		210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	
INER: e certi shauld files. 3 shau ation,	MEDICAL	PRIMARY OR CONTRIBUTING 8:45P Mam 8 2119 68 Fell of pier while fishing.	
	*	21d INJURY OCCURRED   21e PLACE OF INJURY (At home, form, street,   21f LOCATION Street or R.F.D. No Gity or Town foctory, office building, etc.)  AT WORK AT WORK IN POND FOR Recreation Area, Prince George	County State
DICAL EXAMINER: The se execute the certifical ectar. Page 4 shauld be ined for your files.  RECTOR: Page 3 shauld be a burial, cremation, ar			
CAL exe exe for for CTOR		220. I certify that I took charge of the remains described above, held on Autopsy, Inspect on Inquiry, death resulted from: Natural causesy	
please e director retained DIRECTO		CHIEF MEDICAL EXAMINER	_
TY, pland, pland, pride		ACTUAL SIGNATURE	
necessary, please execute the funeral director. Page 4 5 may be retained for your or FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER & 8-21- NAME (Type) ADDRESS(Street, city, town, ar county)	-68
TO DI nece the 5 mc	230	REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (1)  REMOVAL (Specify) 8-24-68 Holy Firmily (Woodmore P)	County) (State)
	24	FUNERAL DIRECTOR PLANT PROPERTY REGISTRAND SENTENCES SALES SENTENCES SENTENC	Millandaen
VR A15ME (5)	14	SWashingon 7 & 4925 Deane One NE DATE AUG 26 1000 1	0 0
Jod		V	



	11902	DIVISION OF V		301 W. PRESTON		IMORE, MAF	RYLAND 2120	)1	
1				ERTIFICATE O	I DEAIN		-13	34.2	
	(Type or print)	rst .	Middle	Lost		20. DATE OF		Day Year	2b. HOUR
_	B	aby	Boy	Brown			Aug.,	28 68	11,30m
3. 9		4. RACE		S. DATE O		****	6. AGE (In years lost birthday)	MONTHS DAY	
_	Male	Negro			8 Aug.,	1968		YRS.	3
for	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA		B MARRIED   NEVER		9. COUNTY OF			
	Maryland	U.S.A.			IVORCED 🗌		Georges		Md.
IQ.	CITY OR TOWN OF DEATH	II NAM	ME OF HOSPITAL OR INS reet address)	TITUTION (If not in hospit	tol 120. USU/	AL OCCUPATION	(Kind of work d	one 125, KIND ( ed.) INDUSTRY	OF BUSINESS OR
	Cheverly			rges Gener			life, even if retire		
	USUAL RESIDENCE (Where deco	eased lived, if institution  13b COUNTY	n: Residence before		13d. INSIDE CITY L		REET AND NUMBER		
	nission) STATE Maryland	P	r. Geo.	Chapel 0					N.E.
14	FATHER S NAME First	Mrddle	Lost	IS. MOTHER!	S MAIDEN NAME F		Middl	le	Lost
	Thomas Brown					lda Cal			
160	. WAS DECEASED EVER IN U.S. A	RMED FORCES?	66. SOCIAL SECURITY N	O. 17 INFORMANT			Addre	\$\$	
-									Watter and the same of the sam
	IB. CAUSE OF DEATH (Enter	anly one cause per line						BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAU	DIATE CAUSE (0)	remal	unity	-, 5e	4 Rus			
	7589	9.491	A CONSEQUENCE OF	11/5	1				
	Canditions, if only, which gov	) (b) \	1451621	deta	mile	i, ma	3/Ked		
	stating the underlying cous		CONSEQUENCE OF			/			
	last.	(c)			/_				
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GEVEN	I IN PART 1(o)		
공				-					
CERTIFICATION	190 DATE OF OPERATION 19	b. CONDITION FOR WHIC	H OPERATION WAS PER		UTOPSY?	CALICES	YES, WERE FINDING OF DEATH?	IGS CONSIDERED IN	CERTIFYING
RIF					□ NO NO	ζ			
			NJURY Month Doy Year	21c. HOW INJURY	OCCURRED (Enter	r noture of injur	y in Port 1 or Po	rt 2, Item IB.)	
MEDICAL	(If e ther, notify medical exa	miner) P.M.	19						
×		B PLACE OF INJURY (	kt home, farm, street fact defice building, etc.	TORY,) 21F. LOCATION S	Street or R.F.D. No.	. City	or Town	County	State
	While Not while at work of work								
	22a I certify that (I) ( saw the deceased	itosamesmak) etten	ided the decease	d fram Aug	28, 196	8 10 A	1g. 28	, 19 <u>68</u> , the	of (1) xoxoxik last
	couses stated abo	ve, (I) (we) (did) (s	in not) view the h	adv after death	(шлу) <b>(жижж</b> ор	reiori deoth d	ccurred on th	e date ond hav	r and from the
	226, SIGNATUREZ		- 0					22c. DATE SIGNED	
	LATON	-141	1 /12 di	DEGREE PHYS	NDING NDING	HRECTOR	STAFF PHYS.	Aug. 29	. 1968
	22d. PHYSICIAN'S NAME (Type)	1	7		ADDRESS			21000	,
	NAME (Type)	ary A. Wise	Ir (	130	08 9th	St. Box	rie Md.	_20715	
230	BUR AL CREMATION. 23	b. DATE	23c NAME OF C	EMETERY OR CREMATOR	Y		N (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	9/21/68	Prince	George's G	eneral	Chev	erly, Ma		
24	FUNEDAL PIRECTOR	63/1	ADDRESS	Hospi	GOLLOS REC'D B	PEGISTANS	2 CHEURI	AAR S SIGNATURE	
0	Helphart W. Per	W. Lord An	ministrat	brh	SEP 2	1 1000	1	4-	

MAKTLAND STATE DEPARTMENT OF HEALTH



1	ı	44000	DIVISION OF VITAL RECORDS		EFT BAITIMORE	MARYLAND 21201		
		11903		CERTIFICATE OF		THE STATE STATE	who 0.	11
		ECEASED NAME First	Middle	Lost		ATE OF DEATH		2b. HOUR
t (aga)		ype or print)			20. 07	Month Day	Year	
urs after death	2.6		s sell 4. RACE	Brown Jr	DTU	Aug. 29	1968 IF UNDER 1 YEAR	4 15 AM
# F # 1	<b>3</b> . S	X				last birthday)	MONTHS DAYS	HOURS MAN.
Pag Preg	_	Male	White		pt 1933	TY OF DEATH		
S. S. hat		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MAR	KIEU	IT OF DEATH		
2 ag Z	V	VASHINGTON.D.C.	4.5			r. Geo.,	Type Issue or	Md.
	10.	ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL OR II give street address)	ISTITUTION (If not in hospital	during most of we	ATION (Kind of work done orking life, even if retired.)	12b, KIND OF INDUSTRY	BUSINESS OR
executed with and completely remove carbon nany event, with	Ci	everly	Pr. Geo. G		LETTER	CARRIER		
ed w pletel carb		USUAL RESIDENCE (Where deceasission) STATE	ed lived, if institution: Residence before 13b. COUNTY	13c. CITY OR TOWN	YES NO [	3e. STREET AND NUMBER		
compil	- Odin	Maryland -	Pr. Geo.	Greenbelt		19 C Pkwy		
and c	14.	FATHER'S NAME First	Middle Last		AIDEN NAME First	Middle		Last
be n di din di		RUSSELL	LEE KROWN		EL e. P	ALL,		
that the death certificate be executed van.  by the attending physician and complete fransit permit. Then please remaye cart crematian, or removal, and in any event,	160	WAS DECEASED EVER IN U.S. ARA les, no ar unknown) (If yes give v		100	LEE BRO	WN, SR Address	3 METS	Rott Rr
tiffic n p val,		NO	DAKNEW N	RUSSELL		(0)	LEGET	SK WP
m m m m		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (a	).)			BETWEEN O	MATE INTERVAL INSET AND DEATH
ne death cer attending p permit. The		PART DEATH WAS CAUSE	O BY ATE CAUSE (a) Bilateral J	oulmonary embe	oli, recur	rent.		
he death attendir permit. Iian, or re		177776	DUE TO, OR AS A CONSEQUENCE O					
at be at the		Canditians, if any, which gave	(h) Infarctions	of lungs.				
that the an. by the rransit p	П	rise to immediate couse (a), stating the underlying cause(	DUE TO, OR AS A CONSEQUENCE O					
es t sicia sicia sid b al-tr	П	last	(d Multiple se	clerosis				
by the haspital or attending physician.  by the haspital or attending physician.  ther this certificate has been signed by the attending physician and comple detected far use as the burial-transit permit. Then please remove call State Dept. of Health priar to burial, crematian, or removal, and in any event	Н	PART 2 OTHER SIGNIFICANT COL	IDITIONS CONTRIBUTING TO DEATH BUT		L DISEASE OR CONDITIO	N GIVEN IN PART 1(0)		
Teg	_							
law Indir Is th	NO.IX	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	ERFORMED 200. AUTO		206 IF YES, WERE FINDINGS C	ONSIDERED IN C	ERTHYING
he arte has e a a h pr	CERTIFICAT			YES K	NO 🗆	CAUSES OF DEATH?	C	
DING PHYSICIAN: The law reby the haspital or artending street this certificate has been be detached far use as the State Dept. of Health priar to		21a ACCIDENT WAS UNDERLYIN		21c HOW INJURY OC		of injury in Part 1 or Part 2,		
	TEDICE!	OR CONTRIBUTING CAUSE OF OEA (If either, natity medical exami	H HOUR A.M. Manth Day Yea	19				
d spiro		214 INDUSTRICT DEED 21a	PLACE OF INILIRY / AT HOME, FARM, STREET, E	ACTORY.) 21f LOCATION Street	et or RFD Na	City or Town	County	State
PR Property Degrapher		While - Not while -	L OFFICE BEALDING, ETC	1				
	П	220   certify that (1) (3)	is the spital attended the decea live an Aug 29 e, (I) (rec) (but restaut) yiew the	sed from	, 19, 1	a Aug 29 , 19	68, that	(1) (week last
= 73 ~ 73 0	П	saw the deceased o	live an Aug 29 /-	19_68 and that in (m	ıy) (हुम्र) apinian de	eath accurred an the do	ate and haur	and fram the
B B B B B B B B B B B B B B B B B B B	П	causes stated goav	e, (I) face) (bid) (stakaca) Frew the	e bady after death.				
RECT.	П	22b SIGNATURE	1 /	V VU J ATTENDI	NC MED	STAFF FT		
OR DIRE	П	/ LAWW	11 Lampra	DEGREE PHYS	DIRECTOR	PHYS Au	g. 29,	1968
AL AL Page	П	226. PHYSICIAN S NAME (Type) A ***	thur Kaufman M. I	22e. ADD	-		1 1 .	W.1
TO HOSPITAL OR ATENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the						Centerway, Gr		
S g T D g Q	230	BURIAL CREMATION 23b.		F CEMETERY OR CREMATORY	( )	OCATION (City or Town)	(Canuty)	(State)
5 5 5 1	C	PERMETYEN AU		LINCOLN	EM CO	TOAR DECISION OF THE PERSON OF	CIGNATURE	AIT
VR ATS (4)	24	FUNERAL DIRECTOR	ADDRE:	o Twesdall	25a. REC'D BY REGIST	irar 256. registrar's	JAUIANUKE	
30M REV. 1/68		W. W. C	14Am DERS	0 mg	DATE	1400	The same	The same

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Aprentis 1		44005		301 W. PRESTON STREET, BALTI		
		11905	*	ERTIFICATE OF DEATH	,	1013
1 1 16	1. DE	CEASED-NAME First	Middle	Lost	2o. DATE OF DEATH	2b. HOUR
# / P   P   P		ype or print) PAUL	M	BROWNE	August 2	1968 650Am
10 E - 10 E	3 SE	X	4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
the ages s aff		male	caucasian	January 31,	1902 lost berthdoy)	MONTHS DIVES MONTHS MIN.
by by our	7o. E	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEO 🔀 NEVER MARRIED	COUNTY OF DEATH	
24 hours after ed in by the f apers. Pages 772 hours afte	Ma	Shington DC	USA	WIDOWED DIVORCED	Prince George	S Md.
equires that the death certificate be executed within 24 hours after daphysician. Signed by the attending physician and completely filled in by the functional burial-transit permit. Then please remove corban papers. Pages Natural, cremation, or remavol, and in any event, within 72 hours after depuiral, cremation, or remavol.	10 0	ry or town of DEATH verdale	11 NAME OF HOSPITAL OR INS give street oddress) Leland Memor	ial Hospital	COCCUPATION (Kind of work done st of working ide, even if retired)  retired	126 KIND OF BUSINESS OR INDUSTRY
executed within and completely fille emove corban pounty event, within	13o	USUAL RESIDENCE (Where deceoses	d lived, if institution: Residence before	13c, CITY OR TOWN 13d, INSIDE CITY LIA	ATTS? 13e STREET AND NUMBER	H111
Kect Cor nov	14 F	Maryland ATHER'S NAME First	Pr Geo  Middle Lost	Mt Rainer ISLA NO		Lost
ond rer	17.	Benjamin	F Brown			Shriver
ician or lease r	160.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166. SOCIAL SECURITY N	IO. 17. INFORMANT	Address	
hysi hysi	Y	es, no or unknown) (If yes give wor	ror dotes of service)	^ 8 hospital		
Cert The p		18 CAUSE OF DEATH (Enter only	one rouse per line for (a), (b), and (c).	4		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ooth indir or re		PART 1. DEATH WAS CAUSED IMMEDIAT	BY. [E CAUSE (o)	CONTRACTOR F	たれて 「行」	1 2 3 1 ,
atte		4370	DUE TO, OR AS A CONSEQUENCE OF			
t th sit g		Conditions, if any, which gove	(b)			
th din the cream of the cream o		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
ysici ysici ned riol-		lost.	(t)	DT RELATED TO THE TERMINAL DISEASE OR (	OMBITION CIVEN IN DART 1/-1	
phy phy sign point of the phy sign phy		PART 2 OTHER SIGNIFICANT CONC	FRAC TURE	A	SST INJURY	
dw ding beer ar to	10%		ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
The law requires that the death certificate ottending physician. has been signed by the attending physe as the burial-transit permit. Then the priar to burial, cremation, or remavo	CERTIFICATION			YES NO Z	ZALISES OF DEATHS	
YSICIAN: Ospitol or certificate hed far us		210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Part 2,	Item 18.)
Pitie Pital	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examina	er) P.M.	)		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detoched far use as the burial-transhould be tilled with the State Dept. of Health priar to burial, creasingly.	₹	real Roll willie		TORY,) 21f. LOCATION Street or R.F.D. No		County Stote
ING by ti fter state	ı	22a. I certify that (I) (this	s hospital) attended the decease	ed from 27 Aug., 1929 9 1, and that in (my) (our) opin body after death.	Y, 10_27 AJG, 19	_ಎರ್_, that (I) (we) lost
END led R: A	ı	sow the deceased oli	(I) (we) (did) (did not) view the	y <u>~ √ 1.,</u> and that in (my) (our) opii hadv after death.	nion death occurred on the do	ote and hour and tram the
ATT Share ith 1	ı	22b. SIGNATURE	(i) (ii) (aid) (did iid) vidir iid	/	22c	DATE SIGNED
OR De re 3 ed w		V. /	Houseur/	DEGREE PHYS.	ED STAFF PHYS. —	27 RJS 6!
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	1	22d. PHYSICIAN'S NAME (Type)	HOUN, NN	A. D 22e. ADDRESS R	V32 04/3 1	: 3
IOSP IOSP UNE Sctar	23n	BURIAL, CREMATION, 23b. D	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Pag Pag Pire dire		REMOVAL (Specify)	g.29-68 d-dar	· Hill Constany	2 117 3,	in
VR A15 14 30M REV 14 6	24.	SIG Dro.	ADDRESS		Y REGISTRAR 1968 256. REGISTRAR'S	SIGNATURE SUNGE
Y						





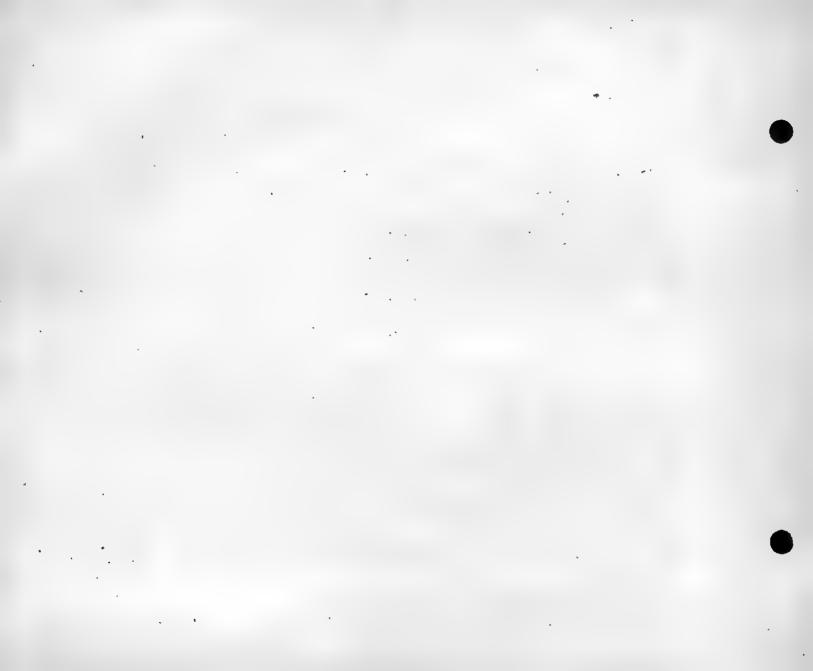


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH Last 2b. HOUR DECEASED-NAME First Middle executed within 24 hours after death George J. Calavetinos Adebst (Type or print) 5:55A Dag 1988 SE JNDER 1 YEAR IE LINDER 24 HRS 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX ye carban papers. Pages ] event, within 72 haurs after test birthday) White Male 8/8/61 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign. 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED remaye carban papers. country) Prince George's DIVORCED | WIDOWED [ 12a USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) ve street address)
Prince George's Gen. Hosp. Product CLERK Cheverly INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13cm) OR TOWN 13e. STREET AND NUMBER 13d HISIDE CITY LIM TS? 4913 Riverdale Road burial, crematian, ar removal, and imany Middle 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Last requires that the death certificate be attending physicion sermit. Then please 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) FRANCES MIGALAUETINOS 18. CAUSE OF DEATH (Enter any one cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: Extensive cerebral infarct IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave ; rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been detached for use as the director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES KX NO [ 21g. ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 6/28 , 19 68 , ta August 3 , 19 68 , that (we) last saw the deceased alive an August 3 19 68 and that in (14) (aur) apinian death accurred on the date and haur and from the causes stated abave, (4) (we) (did) (didact) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED STAFF PHYS, XXX August 5, 1968 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Prince George's General Hospital, Cheverly, Iradi Sadheghian. M. D. (County) Maryland 23b DATE 23d LOCATION (City or Jawn) NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI DATE AUG \$ 1968



		2100c	DIVISION OF VITA	L RECORDS, 301 M	PRESTON STREET, BAI	ITIMORE, MARYLAND 2120°	1
and the same of th		TESCH	2 Cent O FI.	CERTI	FICATE OF DEATH		11917
£ _2£	1. DE	CEASED-NAME First		Middle	Lost	20. DATE OF DEATH	25. HOUR
er death. funeral 1 and 2 er death.	11	ype or print) Jan	nes	h - (	Carrico	Month	25 1968 72P
haurs after death.  n by the funeral s Pages 1 and 2 rs efter death.	3. SE	Male	4. RACE Whit	•	5. DATE OF BIRTH 5-29-8	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN
The second of th	7o. E	IRTHPLACE (State or foreign try) Vireqinia	7b. CITIZEN OF WHAT CO	ITINK	RIED NEVER MARRIED DIVORCED DIVORCED	PRINCE GE	0296. M
within within	1	TY OR TOWN OF DEATH	give street o	HOSPITAL OR INSTITUTION	(If not in hospital 120 bs during	WAL OCCUPATION (Kind of work do most of working life, even if retire	one 1261KIND OF BUSINESS OR
<b>★ =</b> +`	13o odmi	USUA RES DENCE (Where deceo	ied lived; if institution Re	esidence before 13c. CIT	Y OR TOWN \ 13d INSIDE CIT	VLIM TS? 130. STREET AND NUMBER	ur 5t. N.E
be exe and or e remo		ATHER'S NAME FIRST	Middle	Carried	15 MOTHER'S MAIDEN NAME	First Middle	Last
ertificate b physician nen please toval, and i		WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (If yes give		SOCIAL SECURITY NO. Lo 16-4146A	17 INFORMANT	Addres	
PHYSICIAN: The law requires that the death certificate be executed with e hospital ar attending physician. his certificate has been signed by the attending physician and completely stached for use as the burial-transit permit. Then please remove carbon Dept. af Health priar ta burial, crematian, ar removal, and in any event, with		41 1	D BY: ATE CAUSE (o) DUE TO, OR AS A CO	Muje	and it	my intert	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
quires that the physician. signed by the burial-transit burial, cremati		Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CC		oschrasio		Jelius
	NC	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(0)	
The lay attend attend has be use as ith prior	RTIFICA		CONDITION FOR WHICH OP		AEZ WO	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
ICIAN: pital ar riflicate d for u	¥	21o. ACCIDENT WAS UNDERLYII  OR CONTRIBUTING CAUSE OF DEA  (If either, notify medical exami	TH HOUR A.M. Moniner) P.M.	nth Doy Yeor 19		ter noture of injury in Port 1 or Por	t 2, Item 18.)
PHYSICIA the hospital this certifical detached fo e Dept. af H	<u> </u>	at work - at work -			1f LOCATION Street or R.F.D. I		County State
Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the Stote Dept. af Health priar ta		22a. I <b>certify</b> that (I) (the saw the deceased causes stated obov	is hospital) attended ilive an (did) (did r e, (l) (we) (did) (did r	the deceased from 上子 1965 not) view the body a	n, 19 , and that in (my) (aur) a fter death.	pinian death accurred an the	19/, that (I) (we) lose date and haur and fram the
OR ATTENT be retained blRECTOR: A ge 3 shauld ed with the		225. SIGNATURE >	0-1 1	2 .0	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	22c. DATE SIGNED
TO HOSPITAL Page 4 may TO FUNERAL I director, pag	,	22d. PHYSICIAN'S NAME (Type)	,		22e. ADDRESS		/ /
Page direct	I	REMOVAL (Specify) 8	DATE /29/68	23c. NAME OF CEMETER Cedar	Hill	23d. LOCATION (City or Town) Suitland	(County) (Stote) Md
VR A15 6 30M REV 768	24.	FUNERAL DIRECTOR	Funeral N. 8	Haddress .	250. REC	BY REGISTRAR 1968 REGISTRA	AREAGNANT Judge.

MAKTLAND STATE DEPARTMENT OF HEALTH



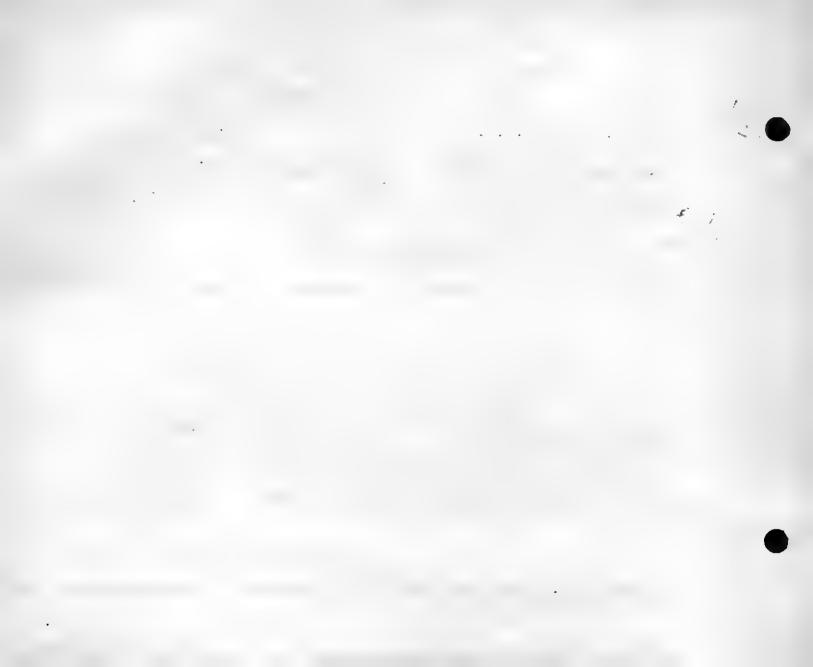
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\$ 5 E	3 S		S DATE OF BIR	Tercuer	6 AGE (In years	F UNDER 1 YEAR	IF UNDER 24 HRS	2c DATE PRONOUN		2	2d HOUR
del ma me	M	ale White	9-14-1		lost birthday) 25 YRS	MONTHS DAYS	HOURS MIN	Month	Pay	68 194:3	lOam M
Ph Ph			76 CITIZEN OF WH		P4./	RRIED K NEVER MAR	BIED A COL	INTY OF DEATH		30 1741	Osuji M
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Po Po With With			A Ve s	street address)				tworking ite, even		MISTRY	Govt
ter do Give ong w	130	Riverdale USUAL RESIDENCE (Where deced	sad lived if institu	Land Men	noria.L	Hospital	I INSIDE CITY LIMITS?	13e STREET AND N	101	US	7,000
s after 18. Gre e along 2 with death		dmiss on). STATE	Prince G	nion Kentrente s	Lai	an 141111	YES 🔯 NO 🗀			And 5	)
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g and	14				yton	13. MOTHER 3 MAIL	Doroth				,
es in S	16.	GOORGO WAS DECEASED EVER IN U.S. ARMED	EODCECC .	16b SOCIAL SECU		7 INFORMANT	DOLOGE	~	RESS	10	
be executed within 24 haurs "pending" in pencil in them lief Medical Examiner's Office insit permit. File pages 1 hd2 event within 72 hobrs after o	100.		FUKLES?  Wer or dates of service)  O	217422			010+00		Same	on of	0.077.0
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al B		1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUS!	n nv.							BETWEEN ONSET	AND DEATH
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e execute pending" of Medica sit permit			DUE TO, OR	AS A CONSEQUEN	CE OF Trai	ıma - aut	o accide	nt.			
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shauld be executed with we word "pending" in performed to the Chief Medical Examplarial-transit permit. File to any event within 72		lost	(ε)								
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wri wri irwc irwc nav	S S	190. DATE OF OPERATION		19b. CONDITION WAS PERFO		RATION				20. AUTOPS	
This certifica ficate, writing be farwarded as de used as ar remaval, c	CERTIFICATION									YES 🗌	Paralle Star
d b		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	216 TIME OF HOUR A	INJURY Month, Da M	y, Year 2			re of injury in Part			-
INER: T e certific should b files. 3 shauld nation, an	MEDICAL	CAUSE OF DEATH	3:45a	M. 8-1-	19 68 I	Driver of	car whi	ch went o			
	×	21d INJURY OCCURRED 21e.	PLACE OF INJURY (	At home, form, st		IF. LOCATION Street of		· City or Town		County	State
XAI the little l	1	AT WORK AT WORK BO RT	. 198. L	aurel, F	rince	George Co	unty, Md	•			
ical Examiner:  e execute the certifor. Page 4 should defar your fles. CIOR: Page 3 shou burial, crematian,		220. I certify that I	took charge of t	ne remoins de	serped above	e, held an Autoj	psy 🔲, 🔝 In:	spection 🗶,	Inquiry	and in m	ην αρίπτοπ
Ed ar.		death resulted framy	<b>M</b> atural cau	ses 🗖 . Into	cident 🗷	Suicide,	Hamicide 🔲	Undetermine	d manner [	]	
please edurector retained DIRECT		//	1/ 1	V- V-		CHIE	F MEDICAL EXAMIN	ER 🗌			
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ory ory ory be ERA		EXAMINER'S				DEPL	JTY MEDICAL EXAM	INER 🚾	8-1	-68	
necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem			Kehoe MD	Rive	erdale.	Md. ADD	RESS(Street, city, to	own, or county)			
5 = 4 × 0 = 4	230	BUR AL CREMAT ON, 236	DATE	23c NAA	AE OF CEMETERY	Md. ADD OR CREMATORY	23d	LOCAT ON (City or	Town) (Co	ounty) (S	State)
-		REMOVAL (Specify) 8	/3/1968	Ft.	Linco	In Come	terv	Colmar	Manor -	_Md	
	24.	ESHNERA DIRECTOR			ADDRESS	ton Ma	250. REC D BY RE				
VR A15ME (5) TOM REV 1/68 (1)		Nalley's Fu	Herar H	Ome Mt.	• Maril	LOL, MA	BATE AUG 5	1968	Clearl	as Joeply	pr.

MARYLAND STATE DEPARTMENT OF HEALTH



_	1	MARILAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	П	11911 CERTIFICATE OF DEATH
eath.		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) Sadie M Conwitz 20. DATE OF DEATH Month Day Year 6 Am
24 haurs after death 6 in by he-femeral pers. Pages and 7 72 hours after-death	3. 5	
haurs in by ers. Pa	70 cou	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ter fulled the fulled to within 7, within 7	10	TITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work gone during most of working life even of officed lindings.)
ent, vent	13a. odn	USUAL RESIDENCE (Where deceased lived, if institution Residence before   13c CITY OR TOWN   13c IMSDE CITY LIMITS?   13e STREET AND NUMBER
and camp remave c n any ever	-	FATHER'S NAME First Middle tost Is. MOTHER'S MAIDEN NAME First Middle Lost
sase r and in	16e	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, nof printingown) (If yes give wor or doins of service) Unknown    Was Deceased Ever IN U.S. ARMED FORCES?   16th SOCIAL SECURITY NO Unknown   17 INFORMANT   Shirley E. Smith, 8338 Woodyard Rd, Clinton,
physical plants		
Page 4 may be retained by the haspital or attending physician.  5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in director, page 3 shauld be detached for use as the burial-transit permit then please remove cokage shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72		PART DEATH WAS CALSED BY Conditions, if only, which gove rise to immediate cause (o).  (b)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (b)  (b)  (d)  (d)  (e)  (f)  (f)  (f)  (f)  (f)  (f)  (f
urial-tro		Storing the underlying couse (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
the b ar to b	NOI	444,
use as Ith prije	CERTIFICATION	YES NO CAUSES OF DEATH?
d for a of Hea	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Doy Year   P.M.   19
detached for us e Dept. af Healt	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, ) 21f. LOCATION Street or R.F.D. No City or Town County State at wark at wark
und be d		22a   certify that ( ) (this hospital) attended the deceased fram 3-22, 1927, to 8-30, 1928, that ( ) (we) last saw the deceased alive on 30, 1928, and that in (my) (our) opinion death occurred an the date and hour and from the couses stated above, ( ) (we) (did) (did not) view the body after death
O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		226 SIGNATURE CLEBER CONSTRUCTION DEGREE ATTENDING DIRECTOR DISTAFF B 226 DATE SIGNED BY STAFF B 8-30-68
Prage 4 may be retained by the traspital of attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the contraction of the contraction		22d. PHYSICIAN S NAME (Type) 22e. ADDRESS
shaul shaul		BURIA_ (REMATION REMOTE PROPERTY OF CEMETERY OF CREMATORY Resurrection Cemetery Clinton, Maryland (Store)
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR Wilhelm Funeral Handbress 4308 Suitland Rd. SE, Suitland, Maryland  250 REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE  DASEP 6 1968  Climber Judge





1		cems 23,24 &25 Film GloMARYLAND STATI DIVISION OF VITAL RECORDS, 301 W. F -/14/68kk11913 MEDICAL FYAMINE	: DEPARTMENT OF HEALTH 'RESTON STREET, BALTIMORE, MAR'	/LAND 21201	
FOR STATE	μ.		R'S CERTIFICATE OF DEATH		
HEALTH SEAT		ECEASED-NAME First Middle Type or Print) William	lost Daniels	20. DATE KNOWN Month Doy Year 21 OF ESTI DEATH MATED Aug. 26 1968	h HOUR
Sny delay is 2, and 3 to PM3. Page	3 :	EX 4 RACE S DATE OF BIRTH 6 AG	(In yours IF UNDER 1 YEAR IF JINDER 24 HRS	2c. DATE PRONOUNCED DEAD 2	AM MUUH M
Eny dela		Male Negro Apr. 16,1930 38	birthday) MONTRS DAYS HOURS M.N.		7:35
		BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?		DUNTY OF DEATH	- 3 "
form form	100	Ashington D.C. U.S.A.  ATTY OR TOWN OF DEATH IN NAME OF HOSPITAL OR IN		Prince Georges	M
after death  3. Give Pages along with far with the State teath.		give street oddress)	during most	OCCUPATION (Kind of work done of working life, even if retired) INDUSTRY	SS OR
after 8. Give alang with th	13 o	USUAL RESIDENCE (Where deceased lived if institution: Residence before	13c CITY OR TOWN 13d. JASIDE GITY LATES?		
s afte 18. Go s alang 2 with death			Wash., D.C. YES R NO	300 50th St., N. E.	
thours Office Tand2	14.	ATHER S NAME First Middle Lost	IS MOTHER'S MAIDEN NAME First	1001	
24 In the ris (	L	Otis Williams			
This certificate shauld be executed within 24 hours after death icate, writing the word "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with form 1 be used as a burial-transit permit. File pages land 2 with the State Dear removal, and in any event within 72 hours after death.	1	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown)  (fil yes give wor or dates of service)  578-36-55		ADDRESS ent	
in Fill Ex		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY: Respirat		APPROXIMATE INTI BETWEEN ONSET AND	ERVAL D DEATH
be executed "pending" in iief Medical E insit permit. E event within		PART I. DEATH WAS CAUSED BY: Respirat	ory failure	BETWEEN ONSET AND	8.
exemple of the firms of the fir		DOL TO, OK AS A CONSEQUENCE OF	tion		
d be d 'p Chie rans		rise to immediate couse (a) (b)			
should be executed the word "pending" in to the Chief Medical Expurial-transit permit. Find in any event within		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF Barbitur			
e sh to t bur		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT		DAY COURT IN SART IV-1	
This certificate shauld icate, writing the word be farwarded to the Ch the used as a burial-transfer removal, and in any	_	Paraplegia from tuberculoma of		ON GIVEN IN PART 1(0)	
certifi writi arwar used used	AT.ON	190. DATE OF OPERATION 19b. CONDITION FOR W	HICH GPERATION	20 AUTOPSY?	
This c icate, the formal be formal distribution or rem	CERTIFICAT.	WAS PERFORMED?			NO 🔲
		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year PRIMARY OF INJURY MONTH, Doy, Year HOUR A.M.		ture of injury in Port 1 or Port 2, Item 18.)	
INER: e certif shauld files. 3 should	MEDICAL	CAUSE OF DEATH ULTIMATION 19		se of barbiturates	
KAMINER: The te the certificate the should be your files. Coge 3 should the cremation, or	2	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, fortany, office by ding etc.)  AT WORK AT WORK T GTENDALE HOSP	21f LOCATION Street or R.F.D. No	City or Town County	Stote
EXA oge oge yan Pag	1		Glendale	Prince George	
DEPUTY DICAL EXAMINER: scessary, please execute the certifue funeral director. Page 4 should may be retained far your files. FUNERAL DIRECTOR: Page 3 should ealth prior to burial, cremation,		22a   certify that I took charge of the remains describe		nspection , Inquiry 🔀, ond in my o	opinion
JTY DICA Iry, please es- eral director. be retained in RAL DIRECTOR PRIOR TO BUT		death resulted from: Notural causes Accident	, Surcide , Homicide	_	
Ty please y, please eral directs be retained at DIREC		ACTUAL ASSOCIATION OF THE STATE	CHIEF MEDICAL EXAMII		
ary, be be Pr		SIGNATURE TOWN Weboe M.D.		The state of the s	
necessary, pure funeral S may be room for Euneral Health price		EXAMINER'S NAME (Type) John Kehoe, M.D.,	ADDRESS(Street, city, t		
70 Te He	230	BURIAL, CREMATION. 236 DATE 23c. NAME OF	CEMETERY OR CREMATORY 230	d LOCATION (City or Town) (County) (State	e)
		REMOVAL (Specify) 8/30/68 Harri	nony Cemtery	Maryland	
NO ATEMS (S) A B		FUNERAL DIRECTOR ADDRE	SS 2So. REC D, BY R	EGISTRAR 1968 REGISTRAR S SIGNATURE	
VR A15ME (5) 10M REV. 1768	L	John T. Stewart 4001 Benning Rd. 1	N.E. DATE	00	
14					

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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECFASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death Month 3 1 (Type or print) Irene C. Davis Aug. 968 :00A M 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) White Female Sept. 16, 1902 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Riverdale

| II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)
| Iza USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
| Iza USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
| Iza USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
| Iza USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
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| Iza USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
| Iza USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
| Iza USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b KIND OF BUSINESS OR INDUSTRY Own Home signed by the attending physician and camplete burial-transit permit. Then please remove cach burial, cremation, ar remaval, and in any event 5312 43rd Avenue 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Maloney
16b. SOCIAL SECURITY NO. Plummer Michael Annie 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknown) (If yes give war or dates of service) Annie C. Whitfield Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

Cut BETWEEN ONSET AND DEATH ach L DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior tall 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO . 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TO HOSPITAL OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County State While Not while at wark 22a. I certify that (I) (this taspitals attended the deceased from Accuse, 1962, to Accurred on the date and hour and from the causes stated above, (I) street (did) did not view the body after death. 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS. DIRECTOR DEGREE 22a. ADDRESS 22d. PHYSICIAN'S NAME (Type) Professional Bldg., Centerway, Greenbelt, Md. Till Bergemann, M.D. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Cumberland Allegany Marydale Cemetery Md Sent 3, 1968 256. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. Minley Judge 30M REV. 1X68 DATESEP



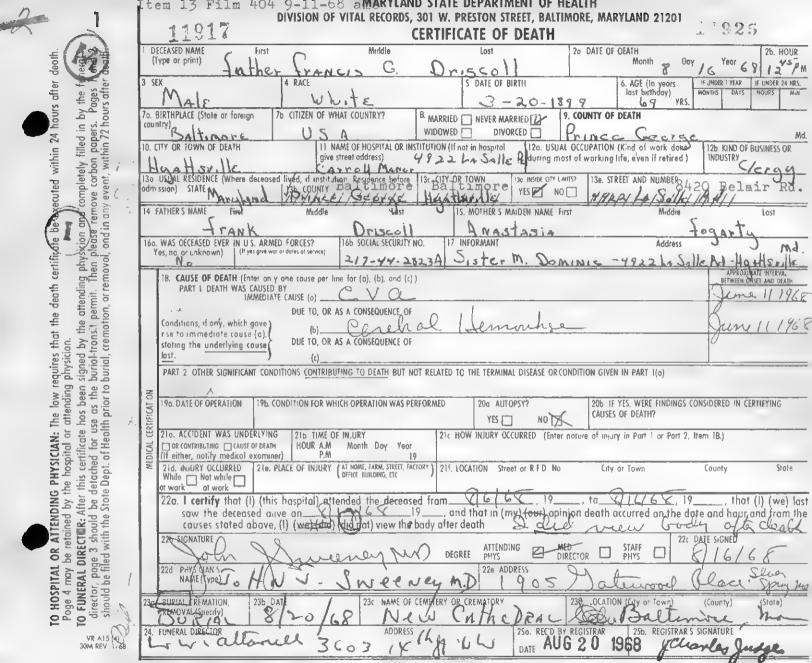
/	17915 PLUSION OF VITAL RECORDS, 301, W., PRESTON STREET, BALTIMORE, MARYLAND 21201	1223
OR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle .ost Print) Harry Stoffer Dayson OF ESTI-	Yeor 25 HOUR
of the to	DEATH MATED 🔀 8 2	3 1968 M
deloy	3 SEX 4 RACE S DATE OF BIRTH 6. AGE III. IMORTHS 9AYS HOURS I MIN 20 DATE PRONOUNCED DEAD	2d HOUR
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A CALL	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	windowed □ DIVORCED □ Prince Georgw's.	Md
ve Pages 1, ye Pages 1, ye farm		KIND OF BUSINESS OR
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s after d 18. Give out grant 2 with the death	130 USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d. MSION CITY LIMITS? 13e STREET AND NUMBER	
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24   1   1   1   1   1   1   1   1   1	John - Dawson Herriet Young	Dawson
hin 24 nal in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes, give war or dates of service)  165 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
menth pen carm te p	(Yes, no, or unknown)   (If yes give wor or dates of service)   578-09-4615 Mrs. Geraldine Todd 5905 34th Ave.	
hould be executed wif word "pending in pe the Chief Medical Exar urial-transit permit. File in any event within 72	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ting ting arde		
wr wr rwc rwc rwc	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 21b. Time OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Port 2, Item 1)	20 AUTOPSY?
his of the be u	E TRIVING	AEZ K NO
d b	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1 HOUR A.M.	B)
Certification of the strong st	E CAUSE OF DEATH P M 19	
MMIN The The True	₹ 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while more while foctory, office building, etc.)	ounty State
DEPUTY SICAL EXAMINER: This certificate secssary, please execute the certificate, wr fing this tentered director. Page 4 should be forwarded to may be retained far your files.  FUNERAL DIRECTOR: Page 3 should be used as a beath priar to burial, cremation, ar remayal and	AT WORK AT WORK	
Xeca Xeca For for riol,	22a Tcerrify that I took charge of the remains described above, held on Autopsy 🗱 Inspection Inquiry	and in my opinian
director.	death resulted from. Naturo: couses , Accident ., Suicide ., Homicide Undetermined manner	
lease directe directe DIREC	ACTUAL CHIEF MEDICAL EXAMINER	4
ny, peral be re RAI pria	SIGNATURE ASSISTANT MEDICAL EXAMINER 228 DATE SIGN	
EPUTY Sssary, p funeral ay be n JNERAL	DEPUTY MEDICAL EXAMINER XX (Acting) 8-	24-68
10 DEPUTY necessary, the funero 5 may be 10 FUNERAI Health pr	NAME (Tyke Cornelius J. Burns, M.D. ADDRESS(Street, city, town, or county) Cheverly.	
5 C = 2 O H	DEMOVA (Constal	yinty) (State)
B	a control of the second of the	<u>rLand</u>
VR ATSME (5)	Tollowing Thomas Mr. Dainian at Allo	
10W KEN: 1/68	ally s uneral Home Mt. Rainter, Id. pare AUG 27 1968 Oction	4.0.

MARTLAND STATE DEPARTMENT OF HEALTH

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I made with the second	MARYLAND STATE DEPARTMENT OF HEALTH	
COD CTATE	11916 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	224
LOK 21 TEN	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DAY	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy OF EST	Yeor 2b HOUR
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ny deli and PM3.	Male White 9-12-1927 40 YRS AND BAYS HOURS MAIN Month Day 8	68 · 12:52am
n 2	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY)	
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orth The Sta	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSIJAL OCCUPATION (Kind of work done 120	KIND OF BUSINESS OR
Give Pages Give Pages png with far ith the State	Cheverly Prince George Hospital dung most of working life, even if retired) indu	Il Find Oute
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\$ B	odmission) STATE Hab COUNTY Prince George's Oxon Hill YES NO 6510 Livingston	Road
office of the day	14 FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Lost
	andrew & Drew Hatter	il.
hin 24 nicil in nineri pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT ADDRESS	1
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e executed within 2 pending" in pencil i, of Medical Examiner isit permit File page vent within 72 haur	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROX MATE INTERVAL
ould be executed ward "pending" in he Chief Medical E ial-transit permit F any event within	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Gun shot wound of head,	BETWEEN ONSET AND DEATH
wed Med per per	DUE TO, OR AS A CONSEQUENCE OF	
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Charle to be the company of the comp	rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
should be to ward "pe a the Chief" burnal-transit	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e sho the w ta th burn d in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate should be cate, writing the ward "pe be farwarded to the Chief I be used as a burial-transit or removal, and in any even	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO DEATH BUT NOT RECEIVED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
us certific tte, writin forwarde	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	2D AUTOPSY?
e, writ farwar used emova	WAS PERFORMED?	YES NO TO
This ficate, be for a reliance of the second	190 DATE OF OPERATION  190 DATE OF OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Doy, Year  21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1)	
. En 55	PRIMARY OF CONTRIBUTING HOUR AM	
INER: e certif shauld files 3 shaule	PRIMARY SOR CONTRIBUTING   HOUR AM 10:20 ptm 8-7- 1968   Shot self in head with . 38 cal. r	evorver.
	foctory office huseling etc.)	0111 31016
DEPUTY DICAL EXAMINER cessory, please execute the cer e funeral director. Page 4 shaul may be reto ned far your files FUNERAL DIRECTOR: Page 3 shaulth prior to buriol, cremotion		
	22a   certify that I taak charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry,	and in my apinian
Se estror	death resulted fram Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
dire dire	ACTUAL CHIEF MED CAL EXAMINER (124 DAYE SIGN)	
JTY please eral direct he retains RAL DIRE	SIGNATURE MD ASSISTANT MEDICAL EXAMINER EL 220 DATE SIGN	
P constant	EXAMINER'S /	<del>-68</del>
	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, lown, or county)	
0 5 ± 2 0 ±	230 BURIAL-CREMATION 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (COL	nty) (Stote)
	Burial 8-10-68 Washington Relieve Com Stulland Mis	rulant
	ADDRESS PEC D BY REG STRAR 256 REC D BY REC D BY REG STRAR 256 REC D BY	Judgen !
VR A15ME (5)	W sw. Chambers to 517-11 th st. SE. D.C. DATE AUG: 3 1968	()
UX		







11312		301 W. PRESTON STREET, CERTIFICATE OF DEA	BALTIMORE, MARYLAND 2120 ATH	01 1. 526	
DECEASED NAME   First   Type or point   James		Driccol	20. DATE OF DEATH Mignify	Day Year 2 2b.	HOUR
3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	YRS. OF UNDER 1 YEAR F JINDS	ER 24 HRS.
7o. BIRTHPLACE (Stote or foreign country)	J.J.A.	B. MARRIED NEVER MARRIED WIDOWED DIVORCED	l irtana co	mont.	Md
10. CITY OR TOWN OF DEATH	give street oddress)	Geo* '. da	o USUAL OCCUPATION (Kind of work of ting most of working life, even if retir	ed.) 12b KIND OF BUSINES	SS OR
13a. USUAL RESIDENCE (Where deceos admission) STATE	sed lived, if institution. Residence before	13c CITY OR TOWN 13d INSI		R toll thou i	î.
14 FATHER'S NAME First John	M.ddle Last Driscoll		NAME First Midd Kelly	le Lost	r
16g. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (If yes give w	war or dates at service)	John J. I	ortecol -camp	SS # 7 0	
Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT COM  196 DATE OF OPERATION 19b.  21a. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical examine)	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT N  CONDITION FOR WHICH OPERATION WAS PE	OT RELATED TO THE TERMINAL DISPA  RFORMED 200. AUTOPSY?  YES  21c HOW INJURY OCCURRED	20b. IF YES, WERE FINDIL CAUSES OF DEATH?  (Enter noture of injury in Port 1 ar Po		:
at wark of wark	is haspital) attended the decease of the large of the lar	ed fram	, 19, ta ur) apinian death accurred an th	,	
230. BURIAL, CREMATION, REMOVAL (Specify)	5. 20-18 003-2	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stot	te]
24. FUNERAL DIRECTOR Simmons Bros.	ADDRESS	250. I	AUG 30 1968 REGIST	RAR S SIGNATURE	

MAKTLAND STATE DEPARTMENT OF HEALTH



	23		EPARTMENT OF HEALTH	
FOR STATE		1 1 1 1 6 1	STON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	121
HEALTH DEPT.		CEASED-NAME First Middle	Last C No DATE KNOWN T Manth	Doy Yeor 2b. HOUR
Poge of is	<u> </u>	ype or Print) Olga	Dugan DZ UGAN DEATH MATER 8	8 68 phi
del na m	3. \$	26 GUNE 1898 3		Year 1968 7:25 M
	7a.	IRTHPLACE (Store or foreign 7b (ITIZEN OF WHAT (OUNTRY? B.	MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
State		"AUSTRIA U.S.  ITY OR TOWN OF DEATH III NAME OF HOSPITAL OR INSTITU	WIDOWED DIVORCED Prince George UTION (If not in haspitel 120 USUAL OCCUPATION (Kind of work done)	126 KIND OF BUSINESS OR
iter death Give Pages ong with far th the State th.		give street address)	during most of working life, even if retired )	INDUSTRY
after 8. Giv along with 1	130	USUAL RESIDENCE (Where deceased lived, finishington, Residence before 13c.	CITY OR TOWN . 3d INSIDE CITY LANTS? 13e STREET AND NUMBER	
haurs after death Item 18. Give Pages 1, Affice along with farm fond 2 with the State De		Imission) STATE Md. 13b (OUNTY Prince George	115 MOTHER'S MAIDEN NAME First Middle	Hill R d.
	14. (	HOMB		ľ021
.도 정, 음식 점 중		VAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO  187 (187 yes give wor or dates all service)  167 - 38-836	MRS JULIA RUSS ELL ADDRESSAMI	E AS, #13
in per in per il Exami t. File	Г	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN GISET AND GEATH
be executed "pending" in nief Medical E ansit permit. F event within			erebral hemorrhage	
ef M ef M sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove	vpertensive vascular disease	
word ' word ' the Chi riol-trar		rise to immediate cause (a).  stating the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF	vpertensive vascular disease	over 5 yrs.
shauld be e ne word "per ta the Chief I buriol-transit I in any even		last (c)		
ficate ing th ded 1 ded 1 as a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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INER: This se certificate, should be for files. 3 should be to a should be to shoul	MEDICAL C	PRIMARY OR CONTRIBUTING HOUR AM CAUSE OF DEATH P.M 19	234 HOW HOURT OCCURRED (CITIES HOURS OF HIGHEY IN POST 1 OF POST 2, SE	111 10.)
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street,	21f LOCATION Street or R.F.D. No City ar Town	County State
L EXAP ecute 1 Page 4 ar you R: Page		AT WORK AT WORK		
DEPUTY DICAL EXAM seessary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page ealth priar to burial, crem		220. I certify that I took charge of the remains described a	bave, held an Autopsy 🗍, Inspection 🔀, Inquiry 📝 ], Suicide 🗐, Hamicide 🗍, Undetermined manner [	
blo lease directo rtainer DIREC		dediti resolted from Individu couses [x], Accident	CHIEF MEDICAL EXAMINER	
y, please y, please retain to priar to		ACTUAL SIGNATURE SIGNATURE	M.D. ASS STANT MEDICAL EXAMINER 22b. DATE S	
o DEPUTY necessary, the funeral 5 may be 0 FUNERAL Health pri		EXAMINER'S John Kehoe, M.D., River	dale, Md. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	9–68
necessar the fune 5 may b O FUNER Health	230	BURIAL, CREMINTION 236, DATE 23c NAME OF CEME	ETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
j=-	I	BMRY 1911 18-12-1968 ST, MARY	S CEM HANNER TOWNSHIP.	PENNA.
VR A15ME (5)	24	NO CHAMBERS CO RIVERDAL PORTS	250. RECD BY REGISTRAR 250 REG. STRAR S S	IGNATUR Judge



	44000	DIVISION OF			STON STREET, BA		RYLAND 21201		
	11922				TE OF DEATH			110	30
	DECEASED-NAME First Type or pont)		Middle		Last	2o. DATE C		M	2b. HOUR
'	table or bumb	Baby	Boy	E	dwards	Augu	st Month 20 D	1968 <sup>eor</sup>	4:45AM
3. 5	EX	4. RACE		S.	DATE OF BIRTH		6 AGE (In years	F JNDER I YEAR	IF UNDER 24 HRS.
	Male	Cauc	asian		August 18,	1968	last birthday) YR	MONTHS CAYS	HOURS MIN
70	BIRTHPLACE (State or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 COUNTY O	F DEATH		
	mtry) Maryland	U.S	.A.	WIDOWED [		Princ	e George's		Md
10.	CITY OR TOWN OF DEATH	11 8	AME OF HOSPITAL OR IN	STITUTION (If not	n hospital 120. U	SJAL OCCUPATIO	e George's N (Kind of wark dans	126. KIND OF	BUSINESS OR
	Cheverly	Pr	street oddress) ince Geo.(	Gen'l Ho	Spital	most af workin	g life, even if retired.	) INDUSTRY	
130	USUAL RESIDENCE (Where decease	sed lived, if institut	on Residence before	13c. CITY OR TO	OWN 13d INSIDE CO		TREET AND NUMBER		
GUN	nission) STATE Maryland	Prince	George's	Cheverl	YES	NO   64	20 Kilmer	Street	
	FATHER'S NAME First	Middle	Last		NOTHER'S MAIDEN NAM	E First	Middle		Lasi
	James Martin				renda Jay				
160	. WAS DECEASED EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY		DRMANT		Address		
	Yes, no, or unknown) (If yes give v	war or dates of service)							
	18 CAUSE OF DEATH (Enter or	nly ane cause per li	ne far (a), (b), and (c)	)				APPROX	MATE INTERVA. DISET AND GEATH
	18 CAUSE OF DEATH (Enter or PART DEATH WAS CAUSE	D BY	Prematuri	ty				Stricter	MAC AND GERTH
	1.1.1(2.1 IMMEDI	ATE CAUSE (o)	AS A CONSEQUENCE OF						
	Conditions, if any, which gave		Atelectas:	ie hile	terel				
	rise to immediate cause (a),	(b)	AS A CONSEQUENCE OF	مستن ومت	zoerar				
	stoting the underlying cause		NS A CONSEQUENCE OF						
	PART 2 OTHER SIGNIFICANT COI	(c)	TIME TO DEATH OUT II	OT DELATED TO T	UF TENNENHAL DISCRET	OR COMPLETION OF	Fu (n. Dany 14-3		
		UDITIONS CONTRIBU	TING TO DEATH BUT N	OF KEDATED TO I	UE LEKWINAT DIZEAZE (	AK COMDITION GIV	EN IN PAKE I(0)		
8	19a. DATE OF OPERATION 19b.	COMPLETION CON NA	HELL ODER ATION WAS DE	DCODIII D	AG ALIFORNIA	Long	E VEC MESE EMPINES	concentrate in c	FREIGNING
S	TYG. DATE OF OPERATION TYD.	CONDITION FOR WE	IICH OPERATION WAS PE	KFOKMED	20a. AUTOPSY?	CALIC	IF YES, WERE FINDINGS ES OF DEATH?	CONSIDERED IN C	ERTIFYING
CERTIFICATION	A CONTROL IN THE PARTY.				YES NO	ليا	Yes		
	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEA		F INJURY Manth Day Year	21c. HOW	INJURY OCCURRED (E	nter nature of inj	ury in Part 1 ar Part 2	?, Item 18.)	
MEDICAL	(If either, notify medical exami	ner) P.M.							
\$	21d INJURY OCCURRED 216.	PLACE OF INJURY	( AT HOME FARM, STREET, FAI OFFICE BUILDING ETC.	CTORY.) 21f. LOCA	TION Street or R.F.D.	Na. Cit	y ar Tawn	Caunty	State
	While Not while at work at work		)						
	22a. I certify that (1) (th	us haspital) aft	ended the deceas	ed fram_Au	g. 18, 19	68_, to_	Aug. 20 , 1	9_68, that	(t) (we) last
	saw the deceased a causes stated above	live on Aug	20,	9_68_, and t	hat in <b>y(m</b> ý) (aur) o	apinian death	accurred an the c	date and haur	and from the
		e, b) (we) laid	(ala nat) yiew me	gody-affer de	oth.				
	22b. SIGNATURE	X	100	/	ATTENDING	MED DIRECTOR	STAFE -	c. DATE SIGNED	1000
		# 11	91-	DEGREE	PHYS.	DIRECTOR -	PHA2' Y	ugust 20	,1968
	22d. PHYSICIAN'S NAME (Type)	// //"			22e. ADDRESS				
	No.		Ivarado, M	D.			Hospital	Chever	ly, Md.
230	. BURIAL CREMATION. 23b REMOVAL (Specify)	DATE		CEMETERY OR CR			ION (City or Town)	(County)	(Stote)
		/31/68			General	Ch	everly, Ma	aryland	
24.	FUNEDAL DIRECTOR	14/	ADDRESS	2		BY REGISTRAR	2Sb. REGISTRAR	e's signature	
0	DEMNIE DEMNI	J. Komenta	MINISTRAT	R	DATE SI	-P 5 1	968 <i>ocl</i> 4	anta Ca	200



	1	DIVICION OF WITH DECORATE OF THE PRICE MADVIAND 21201
	ı	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
*	L	CERTIFICATE OF DEATH
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deoth peral	l '	Type or print) Alease B Eliott Month Doy Year 750PM
E 276	3. S	X 4 RACE S DATE OF BIRTH - 2 9 1976 AGE (In years 15 UNDER 14 PARS.
executed within 24 hours ofter deoth completely filled in by the funeral space corban popers. Pop 1 and any event, within 72 hours after deoth		FeMALE NEGRO HOURS MIN.
\$ 6 B	70.	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
in 24 h illed in popers hin 72 h		WIDOWED & DIVORCED   KINCE (DECREES Md.
in 24 filled pope hin 7	10.	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even it retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even it retired)  120 USUAL OCCUPATION (Kind of work done during most of working life, even it retired)
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event,	,3o	LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 155101) STATE 1990 COUNTY 155101) STATE 1990 COUNTY
Ske Hard		WASHINGTON II.
a	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
_A\ € o E	L	WILLIAM BRUCE LUCY GEE
idional integrated by another	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 50 W Address
physic physic oval,		(DKNOWN) KOWARD NORTHAGTON-444 TRUING ST.
		18. CAUSE OF DEATH (Enter only one couse per une for (o), (b), and (c).)
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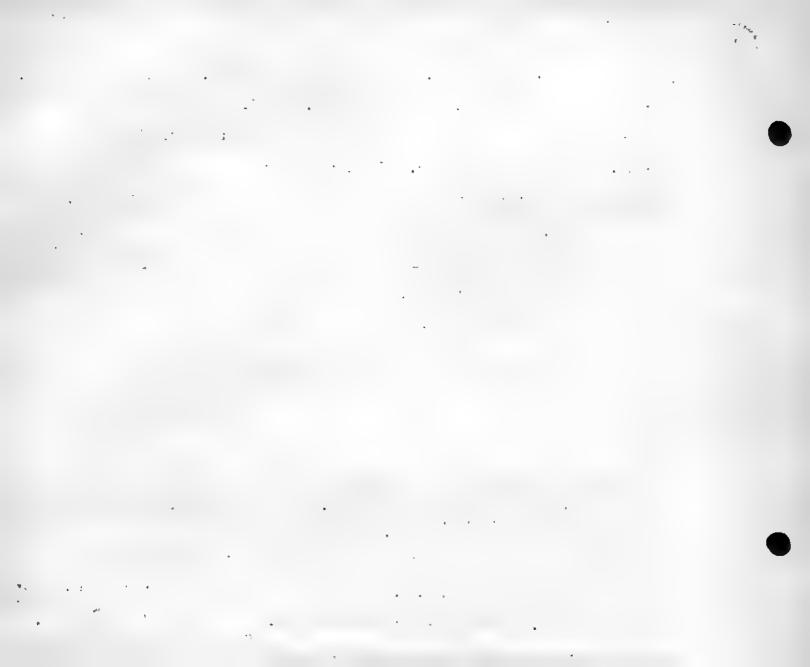
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IDING PHYSICIAN: The law re i by the haspital or attending After this certificate has been i be detached for use as the s State Dept. af Health priar ta	E	21d. INJURY OCCURRED While 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town Caunity State
te D	L	al walk ar work —
NDIN rd by rd by d be d be		22a. I certify that (I) (this haspital) attended the deceosed fram OCL. 24, 1965, to Class 12, 1965, that (I) (we) last saw the deceased alive an aug. 12 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
R ATTENH retained reCTOR: A 3 should with the		causes stated abave, (I) (we) (did)2(did nat) view the body after death.
reference with with		22b SIGNATURE  DEGREE ATTENDING MED. STAFF 22c DATE SIGNED  DIRECTOR PHYS DIRECTOR PHY
L o be	L	22d. PHYSICIAN'S DEGREE PHYS DIRECTOR PHYS Mug 12, 1968
PITA mg RAI		NAME (Type) Leon Levitsky 3408 R I ave Mt Raimer, Md.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAILHORE, MARYLAND 21201  3 7  CERTIFICATE OF DEATH  1 015545500 Miles  1 015	1 2	١.	400		201 W DDECTON CTDEET DA		
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NA DE CONTRIBUTING CAUSE OF DEATH    County   Co			ZIO. ACCIDENT WAS UNDERLYED	G 215 TIME OF INTIDY			tam 18.)
County   C	fical of Heart		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Yeo		me notice of injury in run 1 of ron 2, i	10.)
210. MINIOR OCCUPANT	SSTC Spirit Section of Control		(If either, notify medical exami	INER) P.M.		Maria Tanan	County State
Z = 2 Z TRUE   INDIVIDUE	ho ho ha hach		While Not while at work	DEFICE BUILDING, ETC.	217 LOCATION STREET OF R.F.D.	NO CITY OF LOWN	County Store
0 = = = = = = = = = = = = = = = = = = =	te en the parties of		at work of work		11 7 / 2 / 3	/a f to 104	O 45-4 (1) (
220. 1 certify that (1) (this hexpite) attended the deceased from 7/29, 19/21, to Aug. 16. 1968, that (1) (was last	Specific Pinal Specif		220. I certify that (1) (32)	exposeration affended the deced	sed from 19 G Land that in (my) (our)	popular death accurred an the dei	to and hour and from the
220. 1 certify that (1) (this describe) attended the deceased from 7/24, 19 61, to Aug. 16, 1968, that (1) (was last saw the deceased alive on 1963, and that in (my) (eyr) opinion death accurred an the date and hour and from the courses stated above, (1) (week did) (see host) view the bady after death	R: /		couses stated above	e. (I) (we) (did) (did not) view the	e bady ofter death	opinian deam accorred an me da	ie und nout and nom me
226 DATE SIGNATURE	AT B S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	11 -21-		22 € 6	ATE SIGNED
DEGREE PHYS ATTENDING DIRECTOR DIRECTOR AUgust 16, 1968	OR OR OF CANA		1/8/10		DEGREE PHYS.	DIRECTOR PHYS A	oust 16, 1968
22d. PHYSICIAN'S 22e. ADDRESS	Ty b	1	22d. PHYSICIAN'S				A
NAME (Type) Robert Deite M. D Prince Geo. Plaza, Hyattsville, Md. 20783	RA GRA		NAME (Type)	bert Deitz M. D.	Prince Ge	eo.Plaza, Hyattsvíl	lle, Md.20783
Saw the deceased olive on courses stored above, (I) week(did) (see the body of the decease of the deceased of	UNI UNI Sulc	230			F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
REMOVAL (Specify) Aug 17. 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md.	B S S S S S S S S S S S S S S S S S S S			R+ 1			
24. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR SIGNATURE	0 - 0 -		AZULLUL LAL	AC LIO LUUU	_		
F. Gasch's Sone Hyattsville Md. DATE AUG 19 1968 yclianlas Jungan		24.	FUNERAL DIRECTOR	ADDRES			SIGNATURE



			DIVISION O	F VITAL RECORDS,	301 W. PRESTON ST	REET, BALTIN	IORE, MARYL	AND 21201	me we are	36
		11928		(	ERTIFICATE OF	DEATH			N. 9	<i>)</i> ()
축 - 24		CEASED-NAME First		M.ddle	Lost		2a. DATE OF DEA	44 1 -	V	2b. HOUR
r death. uneral 1 ond 2 sr,death.	. (	ype ar print)	Lois	J.	Frisc	co	Aug.	Manth Day	1968	6:20AM
事事で	3. SI	Х	4 RACE		S. DATE OF B	BIRTH	6.	AGE (In yeors ast birthday)		IF UNDER 24 HRS.
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D 0 0	7a	BIRTHPLACE (State or foreign	76. CITIZEN OF V		B. MARRIED 🔲 NEVER MA	KKILDE LAND	COUNTY OF DEA	NTH .		
A within 24 his levely filled in garbon popers, int, within 72 his	_			ISA	1 mad	ORCED [	Prince (	George's		Md.
e e e e e e e e e e e e e e e e e e e		ITY OR TOWN OF DEATH	1 [ ] [ ]	NAME OF HOSPITAL OR INS	TITUTION (If not in hospital	12a USUAL	OCCUPATION (Kir t of warking life, One	id of work dane	12b. KIND OF B INDUSTRY	USINESS OR
with		neverly	P	rince Geo.G	en'l Hospita	al ni			INVOSIKI	
ate be executed within 24 hours after death. Ician and completely filled in by the funeral lease remove carbon popers. Pages 1 and 2 and in any event, within 72 hours service death.	13a adm	USUAL RES DENCE (Where decear	sed lived, if institu L135COUNTY	of on- Residence before		YES NO		AND NUMBER		
complete of the complete of th		laryland		George's	Bowie		- BOX 1	50, Rt.	Bowle	
and and rem	14.	ATHER S NAME First	ge E Fri	Lost	IS. MOTHER'S N	MAIDEN NAME Firs	L Sues	Mrddle		Lost
an an a	140	WAS DECEASED EVER IN U.S. ARI		166. SOCIAL SECURITY N	IO. 117 INFORMANT	20020	0 - 0400			
The law requires that the death certificate be attending physician. has been signed by the attending physician arse as the burial-transit permit. Then please in prior to burial, crematian, arremoval, and in		es, no, ar unknown) (1 yes give i	var or dotes of service)	none	George	E Frisco	0	Bowie,	Md.	
phy phy nen novo	-	no	4							ATE INTERVAL
th ching		1B. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	0 811			. 11 - 1 -			BETWEEN ON:	SET AND DEATH
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if the the al		Conditions, if any, which gave		AS A CONSEQUENCE OF						
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tuire phys igne urio urio		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIB	GTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	AL DISEASE OR COI	NDITION GIVEN IN	PART I(a)		
ng p	_	4 .						* ,		
The low re attending has been se os the in prior to	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20a. AUT	OPSY?	20b. IF YES	, WERE FINDINGS C	ONSIDERED IN CER	ŁTIFYING
The affe affe has se c	똩				YES T	OX NO 🗆	CAUSES OF	Ves		
ate or u		21a. ACCIDENT WAS UNDERLYI			21c. HOW INJURY OF	CCURRED (Enter n	ature of injury in		Item 1B.)	
Partie Partie	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M	- 19						
<b>DING PHYSICIAN:</b> The low requires that the death certifice by the haspital or attending physician. If the certificate has been signed by the attending physical be detached for use as the burial-transit permit. Then plays state Dept. of Health prior to burial, crematian, ar removal,	×	21d INJRY OCCURRED 21e	PLACE OF INJURY	( AT HOME, FARM, STREET, FAC	TORY,) 21f LOCATION Stre	eet or R.E.D. No.	City or 1	own	County	Stote
the detre		at wark of work						3.0	7 D	· APIE
Ster Ster		22a   certify that (I) XXX	ot Marchitely of	tended the decease	d from and the interior	1,, 19 <i>(a)</i>	, to Au	1g. 18, 19	08_, that	(1) (We) last
red the		causes stated obove	e, (I <b>j (348)</b> (did	INCOME VIEW the	9_68, and that in (n	пу) ( <b>995</b> ) орин	ion deom occi	inea on the ad	ite una ribur o	na irom me
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OR DIRE e 3 ed v		/Whir	Man	man	DEGREE PHYS	ING XX MEL	ECTOR P	AFF IYS I	1 Home	361
AL D Page Page Fille		22d. PHYSICIAN'S NAME (Type)			22e AD	DRESS			77	1
Poge 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the control of		Art		fnan, M. D.				Center		enbelt
HO Dge Jge Fug hou	23a.	DEMONIAL IC f. A	DATE		CEMETERY OR CREMATORY		23d LOCATION (		CountyMar	
5 5 5 5 v	0.4	REMOVAL (Specify) Burial Au	21, 19	68 Ft Lir	coln Cemeter	ry prop by	Colmar	PIRITOR J	CICHATARE	Md.
VR A15 (0)	24.	FUNERAL DIRECTOR	F. Gasch	's Sons Hj	attsville,	Md AU	6 2 2 19	256 REGISTRAPS	ionles	rege

MAKTLAND STATE DEPARTMENT OF HEALTH



- 1		11020	DINISION OF	VITAL RECORDS,	301 Wy PRESTON	STREET, BALT		LAND 21201	110	3 2
		*****	Item 2	3a rilm Gi	ERTIFICATE C	DE TH				
		CEASED-NAME First pe or print)		Middle	last		2g. DATE OF D		V	2b. HOUR
L			Ben		Garner		Aug.	18.	1968	3:45PM
3	SE	(	4. RACE		S DATE C	OF BIRTH	1 1000	b. AGE (In years last birthday)	IF UNDER I YEAR MONTHS   DAYS	IF UNDER 24 HRS. HOURS MIN.
1		Male	Negro		- Ina	W24	-1890	78 YRS		TIOURS MIN.
1	a B	RTHPLACE (State or Jareign	7b. CITIZEN OF W	/HAT COUNTRY?	8 MARRIEDXX NEVER		9. COUNTY OF D	EATH		
		ma	U.	57	hl	OIVORCED	Prince	George's	š	Md.
<i></i>		TY OR TOWN OF DEATH	11. N	NAME OF HOSPITAL OR INST street address)	ITUTION (If not in hospit			Kind of work dane in, even if retired )	12b KIND OF I	BUSINESS OR 7
		everly	Pı	rince Geo.G		tal			14	Muis?
	idm.	JSUAL RESIDENCE (Where deceas sian) STATE	13h COUNTY		13c CITY OR TOWN	13d INSIDE CITY I	OK 13e STRE	ET AND NUMBER		11
ŀ		aryland	Prince	George's	Lanham		41 9111		1 Rd.	
ľ	14 %	ATHER S NAME First	Middle	Y lost	IS. MOTHER	S MAIDEN NAME	First /	/ M. adle		Lost
ŀ	160	WAS DECEASED EVER IN U.S. ARN	IEU EUBCECS	116b. SOCIAL SECURITY N	D. 17 JINFORMANY	Jav ca	14/	, idda		
		s, na, ar unknawn) (If yes by w	prior dates of service)	TOD. SOCIAL SECORITY IN	17712	Than	Liaine	Address	wale	77
		1B CAUSE OF DEATH (Enter an	y one couse per l	ine far (a), (b) and (c))						RATE INTERVA. VSET AND DEATH
1		PART I DEATH WAS CAUSEE IMMEDIA	) BY .TE CALSE (a)	Pulmonary	embolism.					
		3101		AS A CONSEQUENCE OF						
		Canditians, if any, which gave ) rise to immediate cause (a),(	(b)	Right uppe	r lobe pne	umonia.				
		stating the underlying cause(	DUE TO, OR	AS A CONSEQUENCE OF						
		last	(c)	Chronic Br					1	
		PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIB	LTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		
-1	NO.	<u> </u>					Table 15 15	es hiere enthance		
7	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WI	HICH OPERATION WAS PER		AUTOPSY?	CAUSES_C	ES, WERE FINDINGS P DEATH? Ces	CONSIDERED IN CE	KIIFYING
	ERT	21g ACCIDENT WAS UNDERLYIN	G 216 TIME C	AT INHIDY		NO NO			3 ha 19 ·	
		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	Month Day Year	ZIC HOW INJURY	OCCURRED (ERITO	r nature of whith	in Part 1 at Part 2	r, siem (d.)	
1	MEDICAL	(If either, natify medical examinated 21d. IN. JRY OCCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET FACTO	RY V 216 LOCATION	Street or DED No	Calculation of the calculation o	r Tawn	County	State
		While Not while 11 work of work	FAME OF INDUST	OFFICE BUILDING, ETC.	1 20 LOCKHON	DUCAL OF VIEW BIO	. cay u	1 (1995)	Coonty	21014
	-	220   certify that (4) (thi	s hasnital) at	tended the decease	from A	at 1 100	o ta Au	gust 18:	9.68 that	All (we) lost
		22a. I certify that (3) (thi saw the deceased a causes stated abave	ive an <b>Arro</b> n	ust 18	68_, and that in	(nyu) (our) ap	inian death ac	curred an the d	date and have a	and from the
		causes stated above	, (H) (we) (did	(did not) view the b	ady after death.					
		22b SIGNATURE	11/1/11	50 AX	ATTE	ENDING >	MED CORN	220	DATE SIGNED	_
		- NIPE CALL	car	O34 7 10	DEGREE PHY	s. LAC	DIRECTOR L	PHYS X	8-19-	60
		22d. PHYSICIAN'S NAME (Type)	l Rosen.	мр		ADDRESS	raele Co	neral Ha	spatal,C	hever1v
-		Jau							(County) Ma	
	/Ja 1	BUR AL CREMATION, 23b. I	-72-1	2 SC NAME OF C	EMETERY OR CREMATOR	Om Del	230 TOCATION	(Fity or Town)	Par County) LTC	mo
1		UNERAL DIRECTOR	0100	ADDRESS	wy the	1250 RECD I	BY REGISTRAN	25b REGISTRAR	R'S SIGNATURE	11/10
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- E - E - E - E - E - E - E - E - E - E			7b. CITIZEN	OF WHAT COUNTRY?	8 MARRIED (%	NEVER MARRIE	D 190	COUNTY OF DEATH		
a h	£QUI	TFNN		V,_S	WIDOWED			Prince Georg	res	Md.
lled pap	10. (	ITY_OR TOWN OF DEATH	6.8.5	11 NAME OF HOSPITAL OR IN	STITUTION (If not	in hospital	12a USUAL O	CCUPATION (Kind of work do	one 125 Kit	ND OF BUSINESS OR
equires that the death certificate be executed within 24 haurs after death physician. Signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers, Pages, and Shurial, crematian, or remayal, and in any event, within 72 hours, her death		Mt. Rainier Md	*WD	11 NAME OF HOSPITAL OR IN give street address) Leland Memo	orial Ho	osp	during mast o	of warking life, eyen if retire	ed.) I INDUST	CONDITION
od car		USUAL RESIDENCE (Where deceas	ed lived, if I	nstitution Residence before	13c. CITY OR I	OWN 13d.	INSIDE CITY LIMITS?	Ages of the tare treatmer.	?	•
and camp	aam	ssian) STATE Md.	136. (0)	Tince George	B Mt. I	Rainier	S X NO	3303 Chaur	cey Pl	•
and (	14	ATHER'S NAME First	Mic	Idle Last	15.	MOTHERS MAIDE		Middl		Last
ingeral		· THEOD	URE	GENTRI		AUG	USTA	7	RICF	
physician of the pears of the p		WAS DECEASED EVER IN U.S. ARN	NED FORCES?	16b_SOCIAL SECURIDA	10-10 P IN	FOR <u>M</u> ANT	¥	Addres	SH AU	
hysicial n pleas	Y	es, na, or unknown)   (If yes give w	mr or dotes of serv	(a) 17 4 15 - 07	OD/ MRS	FORMANT S. PATRICI	AME	SEABROOK	Akh. 2	0801
he death certific attending pays permit Then p								SEMBROOK		PPROXIMATE INTERVAL
ing ing	1	<ol> <li>CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSED</li> </ol>	ly ane couse ) RY-	per line for (o), (b), and (c)	) PH PI 10 ()	1100011	000	LUCION	ern	WEEN CINSET AND DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin director, page 3 should be detached far use as the burial-transit permit should be tiled with the State Dept. at Health priar ta burial, crematian, or re	_	11	51110113 2011	DOI II	OI KEENIED IO	THE TENRINAE DI	DEADE ORCORD			
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interior signature	38					YES 🗀	NO F	CAUSES OF DEATH?		
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of the second	MEDICAL	(If either, notify medical examin	ner)	P.M. 1						
has be sept.	E	21d INJURY OCCURRED 21e.	PLACE OF IN.	JURY ( AT HOME, FARM, STREET, FA	ctary.) 21f LOC	ATION Street at	r R F D Ng.	City or Town	County	State
be the period of		While Nat while at wark		,						
NO by the contract that the co		22a. I certify that (I) (the saw the deceased a	s haspital	) ottended the deceas	ed from 2	JUNE	1968	to PRETONI	19	that (I) (we) lost
d A A A A A A A A A A A A A A A A A A A	1	saw the deceased a	live an	30 JUNE	9_4_, and	thot in (my) (	(our) apinio	n death occurred on the	e dote ond h	aur and fram the
O Single Party of the Party of	1	causes stated above	, (I) (we)	(did) (did not) view the	body after de	ath		KEHGE MOTIF		
A signature of the sign		22b. SIGNATURE	1-1	1		ATTENDING	med Med	STAFF C	22c. DATE SIGNE	
or Seed 1		C 4	1. 7	oucuseen	DEGREE	PHYS.	DIREC	TOR PHYS.	9 A1	06 1968
AI C		22d. PHYSICIAN'S	1 1	1		22e. ADDRES	5 }.		60 %	
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O HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hast 5 FUNERAL DIRECTOR; After this cel director, page 3 shauld be defacthe should be filed with the State Dept.	23a	BURIAL, CREMATION, 23b. (	DATE	23c. NAME OF	ÇEMETERY OR CI	REMATORY	23	3d. LOCAT ON (City of Jawn)	(Caunty)	(State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The Jaw re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR. After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior ta	1	SEMOVAL (SONGIFY) 8	12/6	8 FORT	LINCO	TH CE	=W (	OLMAR MAI	IOR, A	MARYLAND
		FUNERAL DIRECTOR	iam	1. Char NOOKESS	NEZIL		a. REC'D BY RE	EGISTRAR 2Sb. REGISTR	AR'S SIGNATURI	
VR A15 (4) 30M REV 1(248)		18/ 11/. CHAR	NBOY	5 60. 5801		Amel ALD	ATE AUG	1 4 1968 20	learles	Queden .
17	<u></u>	VV. VV. V/1/4/1	/// [/	100. July	VELVER	ALL DIE		~ 1 1000 /	7.4	1



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEA

**CERTIF** 

RCH A	ND	RECO	DEAT	LTIMO			AND			73	S
	2	USUAL	RESIDENCE	(Where	deceased I	ived	If institution:	Residence	befare	admiss	ion

	1 PLACE OF DEATH a. COUNTY Prince Geo, MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY Prince. Geo
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest jawn) 13 45. Hyatsvile.
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUT ON 6609 Karlson Ct:  d STREET ADDRESS C6609 Karlson Ct:  e. IS RESIDENCE ON A FARM? YES   NO
5	3 NAME OF DECEASED [Type or print] Mary EliLabeth George 4. DATE OF DEATH Aug. 1 1968
	5 SEX TO Uh. WIDOWED OF DIVORCED OCT 26, 1878  9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS   Gost by the dot by the
	10a USUAL OCCUPATION (Give kind of work dane during mast of warking life, even if relired)  Honse Wife
	13. FATHER'S NAME Robert Correll Emelie Gibbs.
	15. WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT  Ves. no. or yethown) (If you give wor or doles of service) 213-54-8576 Daughter-Corine Gambrell - Same.
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Antri Orcleros's guneralized on SET and DEATH
	Conditions, if ony, which) (b) general visceral failure undet-
	gave rise to immediate cause (a), stating the <u>under-lying couse last.</u> [c]
2	PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED?  YES NO ACCURATE VAS LINDER VINE DE 1206 DESCRIPE HOW IN 1187 OCCUPANT OF PART 1 (a) 19 ACCURATE VAS LINDER VINE DE 1206 DESCRIPE HOW IN 1187 OCCUPANT OF PART 1 (b) 19 ACCURATE VAS LINDER VINE DE 1206 DESCRIPE HOW IN 1187 OCCUPANT OF PART 1 (c) 19 ACCURATE VAS LINDER VINE DE 1206 DESCRIPE HOW IN 1187 OCCUPANT OF PART 1 (c) 19 ACCURATE VAS LINDER VAS
	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole)  Hour o. m 19
	21 I certify that (I) (this hospital) attended the deceased from. August, 1967 to Aug. 1., 1968, that (I) (we) last saw the deceased alive an . July 30 1968, and that death accurred at 138M, from the causes and an the date stated above.
	220 SIGNATURE  ATTENDING MED STAFF   S
	22c PHYSICIAN'S NAMB (TYPH) / Cum F. Simpson 6216 NH are NE
/	230 BURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23 LOCATION (City, town, or country) (5600) REMOVAL (Specify) Review Grego-1968 Jungocielle)
	24 ENERAL DIFECTOR'S SIGNATURE AS ADDRESS TO ALL STATES SIGNATURE AS ADDRESS TO ALL STATES SIGNATURE ALL STATES SIGNATURE ALL STATES SIGNATURE OF ALL

TO HOSPITAL OR . ENDING ENTYSICIAN: The low requires that the death certificate be a may be retained to hospital or attending physician and page 3 should be described for use as the burial-transit permit. Then please remaye carbin the State Board of Realth prior to burial, cremation, ar removal, and in any event, within 72. VR A15 (4) 1SM 9/S9

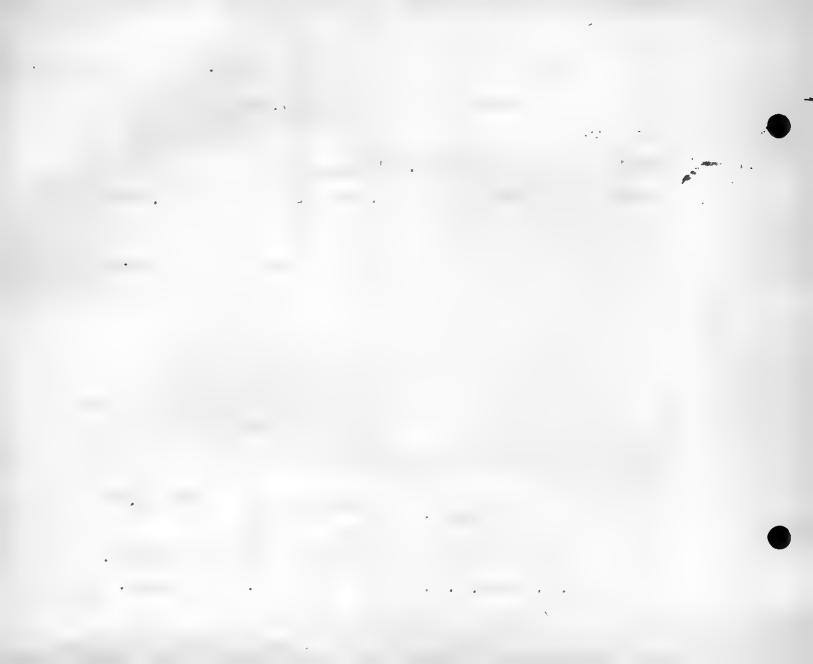
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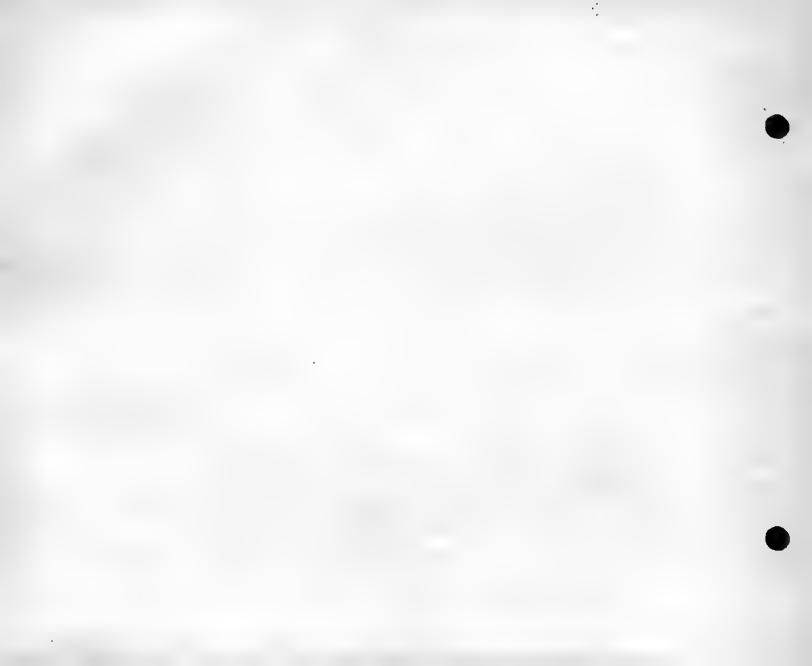


	MARTLAND STATE DEPARTMENT OF HEALTH							
12	11932 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							
41								
E-702	1 DECEASED NAME First Middle Last 2a DATE OF DEATH 2b. HOUR P							
# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Type or print)  James  Giles  Aug. Month 30, Doy 1968 11:50M							
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   FUNDER 14 FUNDER 24 HRS.							
tours after a pay the pages than safter	Male Negro May 17, 1915 Gast birthday) Month's DAYS HOURS MHL							
by Agrical and a series	70 BIRTHPLACE (State or fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED THE MARRIED PROPERTY 9. COUNTY OF DEATH							
2 i= 12 de 2 d	Maryland USA WIDOWED DIVORCED Prince George's Md.							
filled paper	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR							
equires that the death certificate be executed within 24 physician. signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban paper burial, crematian, ar removal, and in any event, within 72	Cheverly Prince Geo.Gen'l Hospital during most of working life, even if retired.) INDUSTRY  Mail clerk							
d v lete	13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c (TTY DR TOWN 13d MISIDE CITY LIMITS? 13e, STREET AND NUMBER							
cute amp	admission). STATE 138. COUNTY Prince George's Seat Pleasant YES NO 7284 Geo. Palmer Highway							
d co	14 FATHER'S NAME First Middle Last Is. MOTHER'S MAIDEN NAME First Middle Last							
be re ring	Joseph Giless Mary Jones							
are iciar leas anc	Toa. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address							
hys val,	Navy Giles-wife-7284 Geo. Palmer How.							
The The	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
ath iit. ir re	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) SUBARACHNOID HAEMORRAGE.							
afferm erm	4309 DUE TO, OR AS A CONSEQUENCE OF							
at to a	Canditions, if any, which gave) (b) Probable Rubline 9 Arrangs no.							
that in. ons rem	rise to immediate cause (a), (b)  Stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF							
ed led lal-tr	last. (c)							
phy:	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)							
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The law requires that the death certificate be executed attending physician. has been signed by the attending physician and cample; se as the burial-transit permit. Then please remave cat the prior ta burial, crematian, ar removal, and in any event	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?  21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 22b HOW INJURY OCCURRED. (Fater poture of journs in Port 2 at em. 18.)							
The atth	YES NO CAUSES OF DEATH?							
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Pote of the of the	He (If either, natify medical examiner) P.M 19							
AL OR ATTENDING PHYSICIAN: The y be retained by the hospital or at L DIRECTOR: After this certificate he age 3 shauld be detached for use filed with the State Dept. af Health								
the det	While Not while of work of work							
ENDING med by the R: After ould be d the State	22a. I certify that (1) (this hospital) attended the deceased fram August 23, 1968, to August 30,1968, that (1) (we) last saw the deceased arive on August 30, 1968, and that in (60) (our) opinion death accurred on the date and hour and from the							
R: A	couses stated above, (3 (we) (d.d.) (33-33) view the body ofter death.							
A S S S S S S S S S S S S S S S S S S S	22b SIGNATURE 22c DATE SIGNED							
OR DERE	DEGREE PHYS DIRECTOR DIRECTOR PHYS XX Aug. 30, 1968							
AL OUT	22d PHYSICIAN'S 22e ADDRESS							
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u should be filed with the State Dept. af Healt	NAME (Type) P. C. Xavier, M. D. Prince Geo. Gen'l Hospital, Cheverly,							
HO.	230 BURIAL CREMATION, 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)							
5 5 5 p s	Burial (Specify) / 19/4/68 Holy Family Catholic Church Woodmoor, Maryland							
VR A15 (A)	24 FUNERAL DIRECTOR ATURE 7. SIEWARTHURKS. 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE							
30M REV 1	Stewart Funeral Home-4001 Benning Rd., NATE EP 5 1968 Schools Judge							





///		MARTLAND STATE DEPARTMENT OF REALIN						
/ 1		11934 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
and the second	CERTIFICATE OF DEATH							
1	1. DE	EASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR						
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	3 SE							
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hours hours	/a. E	RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH						
725		SOUTH TO HOUSE DIVORCED   PLINCE TEC Md.						
fille fille	10,0	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work ng life, even if retired)  120 USUAL OCCUPATION (Kind of work dane during most of work ng life, even if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work ng life, even if retired)						
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be and in in		Chaples TOLIAN EIROY CORA BOLL RASTIAN						
ficate be ysician o please of, and in	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO / ]17 INFORMANT Address						
al pla	Y	s, na, pr. Loftnown) (If yes give wor or do less of service) 2/3-22- 727. Son CHARLES GILROY - Indian Head . Md						
ie death certifi attending phy permit. Then ian, ar remaval		0.00/2019/2019/2019						
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the law ratending has been se as the h prearta	FICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING						
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N A G L		saw the deceased alive an 3 6 19 6 and that in (my) (eur) opinion death occurred on the date and hour and from the causes stated above, (1) (and) (did hot) view the bady after death						
OS STATE								
retreet with with		226 SIGNATURE ATTENDING MED STAFF 226 DATE SIGNED						
DIR be		Chillie Scharff Desir PHYS DIRECTOR PHYS 6/6/68						
TAI May Se find y		PHYS CIANS NAME (Type) A RTHUP SHAVED JRMD. 220 ADDRESS 8408 Brewell Gene						
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HC HG HC	23a	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Jawn) (Caunty) (State)						
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		BUY (41) 8/10/1968 Gilroy Family Cemetery Doncaster, Maryland						
VR A15 (4)	24	chart Fundral Home Inc La Pate, M. DATEAUG 9 1968 25b REGISTRAR 5 SIGNATURE						
30M REV 1034	1	chart tunbal some one Lattalu, M, DATERUOS						



MARYLAND STATE DEPARTMENT OF HEALTH



ALONE W		44058		O SIAIE DEPAKIMENT UF I		
	11936 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH					11044
a Maria		CEASED NAME ype or print) Joseph	Anthony	Gormley	20. DATE OF DEATH  August  Do	26. HOUR 1968 1935 M
by the furs after spoors after hours after	3 5	ia le	*RACE White	s DATE OF BIRTH 28 July 192	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MAN.
= =			76 CITIZEN OF WHAT COUNTRY?	8 MARRIED [7] NEVER MARRIED [	9. FOUNT CE DEATH Georges (	County
vithin 24 filled san pape within 7.	10.	Andrews Air For	ce Base stretation in	STITUTION (if not in haspital 12a USU Grow USAF HOSP of the many in	AL OCCUPATION (Kind of work done ost of work facility)	126 KIND OF BUSINESS OR USYARY (Ret)
ecuted with campletely ave carbant, winy event, wing	13c adn	USUAL RESIDENCE (Where decease soon) STATE aryland	ed lived, if institution: Residence before 13b. COUNTY Prince Georges		UMITS? 13e STREET AND NUMBER CO. 3835 St. Barr	nabas Rd.
be exe		Joseph Anthony	Middle Lost	15 MOTHER'S MAIDEN NAME (		Lost
hificate hysiciar n pleas	160	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166 SOCIAL SECURITY 20701398	NO. 37 INFORMANT	6206 Surrey	Sq. Lane
or the death the orendin sit permit	CERTIFICATION	PART I. DEATH WAS CAUSED  HMMEDIA  Canditions, if any, which gave isse to immediate cause (a), stating the underlying cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CON  190 DATE OF OPERATION 196 (2)  21a ACCIDENT WAS UNDERLYIN	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT IN CONDITION FOR WHICH OPERATION WAS FOR CONDITION FOR WHICH OPERATION FOR CONDITION FOR WHICH OPERATION FOR CONDITION FOR WHICH OPERATION FOR CONDITION FOR CONDITION FOR WHICH OPERATION FOR CONDITION	ERFORMED 200. AUTOPSY?  YES NO 21c. HOW INJURY OCCURRED (Enter	20b. FYES, WERE FINDINGS OF	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hosp, tal or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the advector, page 3 should be detached far use as the burial-transit pleshauld be filed with the State Dept. of Health priar ta burial, crematial	MEDICAL	While Not while 220. I certify that (A) (this saw the deceased al causes stated above 22b SIGNATURE 22d. PHYS CIAN'S BURTON SACK	PM.  PLACE OF INJURY (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  FIVE AT HOME FARM STREET, F  IS hospitol) attended the deceo  Five an Company (AT HOME FARM STREET, F  FIVE AT HOME FARM STREET,	sed from	inion death occurred on the do	DATE SIGNED  ANDREWSKAFB
	L	BUR AL, CREMATION, REMOVAL (Specify)  FUNERAL DIRECTOR PORTS		CEMETERY OF CREMATORY  LINGTON DATE  S  250 RECD.	23d. COCATION (City or Town)  A / ( L / / / C / C / BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
VR A15 (4) 30M REV 1768		11		WITHHE ALL DATE AU	16 1 2 1968 gell	exten Judge



	- 1	MAKTLAND STATE DEPARTMENT OF HEALTH	
		11937 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12045	
, , , , , ,	- 1	1 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOL	IR A
er death. funeral 1 and 2	- 1	(lype or pnm) Manth Day Year [	
ir d	ŀ	TLa B. Graham August 21 1968 B:20  3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years   FUNDER YEAR   FUNDER 24	
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ician a lease a and .n	- 1	Jim Banning UNKNOWN.	
physician nen please and.		16a. WAS DECEASED EVER IN L.S. ARMED FORCES? Yes, no, grunknown) (If yes give war or dates of service)  17 INFORMANT Address	
rtifi phy en en	- 1	NU 213-22-4100 E.Leland Mem. Hosp. 4408 Queensbury Rd.	
he death ce attending j permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY.  APPROXIMATE MICROSCAPE BETWEEN CHISTOPHER AND DEATH	1
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CCIA 計 計 可 所 可 所 可 行 可 行 可 行 可 行 可 行 可 行 行 行 行 行		GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, natify medical examiner) P.M. 19  2 2 of INHURY OCCURRED 12 to PLACE OF INHURY (AT NOME FARM, STREET, FACTORY.) 215 IOCATION Street of R.E.D. No. (the of Town County States)	
DING PHYSICIAN: The law maken by the hospital ar attending ther this certificate has been be detached far use as the State Dept, af Health priar ta		2 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State	
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by ffer ffer be state	- 1	220. I certify that (I) (this hospital) attended the deceased from (III) (See), 1966, to 1967, 1967, that (I) (See) saw the deceased alive an 1967, and that in (my) (our) opinion dooth occurred on the date and hour and from	last
ATTENDING atained by the CTOR: After t shauld be d	- 1	saw the deceased alive an	the
A Lip Spare	_	226 SIGNATURE 220 DAJE SIGNED	_
OR ATTENI be retained JIRECTOR: /		ATTENDING DIRECTOR DISTAFF DIS	
AL AL O		22d, PHYSICIAN S 22e ADDRESS	
FRA ERA Sir, F		NAME (Type) Lawrence W. Malin, M.D. 4408 Queensbury Rd. Riverdale, Md. 2084	0
Page 4 may be retained by the hospital ar  of FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt		230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	BENGH SORT LINCOLN CEM. COLMAR MANOR MARYLAN	D
VR A15 (4)	4	24. FUNERAL DIRECTOR 250 RECOLUTION ADDRESS 2	
30M REV 1/6	68	W.W. CHAMBERS (00. NIVERDALE, ND, DATE	



1	1		DIMICION O			DECTANTALE		E, MARYLAND 21201	110.	4.6
1	П	11933	DIAISION O			ICATE OF D		E, MAKTLAND 21201	make s <sub>ect</sub> ic "	3. O
list of	1 D	ECEASED-NAME First		Middle	CERTIF	Lost		DATE OF DEATH . 1	- 10	2b. HOUR
A		ype or print) Micha	<b>A</b> 1	Midule	Cras	stataro	20.	Month D	7 - 68	
	3. \$1		4 RACE	·	GLa	S. DATE OF BIRTH	u	A ACE (In years	IF UNDER I YEAR	7:20AM IF UNDER 24 HRS.
. 4/	"	TUP						6 AGE (In years lost birthdoy)	MONTHS DAYS	HOURS MIN
	70	BIRTHPLACE (State or foreign	7b CITIZEN OF I	WHAT COUNTRY?	IRaus	2/28/1		78 YRS	5.	
	cau	ntry)		MINI COUNTY	WIDOWE	D NEVER MARRIE	D. A.			
	10 4	oreign born	USA	NAME OF HOSPITAL OR IN				Prince Georg		Md.
			av	e street address)	'	'	during most of v	warking life, even if retired.	) INDJSTRY	
	13e	lenn Dale USUAL RESIDENCE (Where decease	ed livéd, if instit	Glenn Dale	HOBD:	DR TOWN 134	reti	13e. STREET AND NUMBER	unkne	own
- /	odm	ssian) STATE T	13b. COUNTY			Lngton,D.		508 Eye St.	. N. W.	
	14	ATHER S NAME First	Middle	Lost		IS MOTHER'S MAID		Middle		Lost
	П	Carlo		Grastataro	)		Marie			
		WAS DECEASED EVER IN U.S. ARN	ED FORCES?	16b SOCIAL SECURITY I	NO. 17	INFORMANT		Address		
		30	en en mariez en survició	078-10-976	51		<u>d</u>	ecedent		
	Г	1B. CAUSE OF DEATH (Enter on	y ane cause per	line far (a) (b) and (c)	)				BETWEEN C	MEATE INTERVAL INSET AND DEATH
	П	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a) 💇	yocardial i	nfaro	tion			Sudd	len
		4109	DUE TO, OF	AS A CONSEQUENCE OF						
		Conditions, if any, which gave a rise to immediate cause (a),	(b)							
		stating the underlying couse		AS A CONSEQUENCE OF						
		lost /		oronary Hea					Year	
		PART 2 OTHER SIGNIFICANT CON Arteriosclerot to popliteat a	ic peri	Pheral Vasc	OT RELATED	disease;	ISEASE OR CONDITI	ON G.VEN N PART 1(g)  amputation	1/12/67	due
	8	19d DATE OF OPERATION 19b.	rtery of	cclusion /t+:CH OPERATION WAS PE	DECODATED	20e AUTOPS)	(3)	20b. IF YES, WERE FINDINGS	CONCIDENT IN C	EDTIEVILO
0	CERTIFICATION	THE DATE OF CRAINOR 190.	CONDITION FUK V	MACH OFERABION WAS PE	V4.OK WED	YES T	NO ⋤	CAUSES OF DEATH?	CONSIDERED IN C	LKMITING
	CERT	21a. ACCIDENT WAS UNDERLYIN		OF INJURY	21r			e of injury in Part 1 or Part 2	. Item 181	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M	. Month Day Year			(=(0) 1741011	artery ar rain rain tall ton a	,	
	MED	21d. INJURY OCCURRED 21e.		I. 14  AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC		LOCATION Street a	r R F D. No	City or Town	County	State
		While Not while at work		OFFICE BUILDING, ETC	1					
			s haspital) at	tended the decease	ed fram_	3/31	1, 19 67	ta8/17/6}	9, that	(we) lost
		22a. I certify that (IX(thi saw the deceased a	ive on	8/17)	<b>768</b>	nd that in (cos):	(aur) apinian (	death accurred an the c	ate and hour	and from the
		causes stated above	<b>3(3)</b> (we) (did	) (statest) view the	bady atte	r death.		1 00	DATE CIGNED	
	П	226 SIGNATURE	o Mo	lin >	DE	GREE PHYS	MED.	STAFF C	C. DATE SIGNED	
		22d PHYSICIAN S		VVV		GREE PHYS  22e ADDRES	D RECTO	R LX PHYS L	8/17/68	
Ì		MARKETT Land	Weiss.	M.D.				spital, Glenn	n Dale. I	Md.
	230	BURIAL CREMATION. 235. J		23c. N. 184		PAREM TORY	No.	wording Medicand	Schroed	(State)
		REMOVAL (Spacify)	127/61	NU	HUM	HCAL BO	IAKU X		geor Beti	nesda MD
		FUNERAL DIRECTOR	70	ADDRESS		25	REC'D BY REGI	STRAR 256 REGISTRAR	S SIGNATURE_	
68	1	COVVI	1, 121	MUMM		n	ALE MUD 4	1 1000 /	carles In	146

1	It:	em 18 Film 405 9-26-MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	26.7
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN T Month	Day Year 2b HOJR
	(	Type or Print)  Nattina. Green  Of ESTI-  DEATH MATED    8-20-	
deloy is and 3 to 3. Page ment of	3 S	EX 4 RACE S DATE OF BIRTH 6. AGE (In years F UNDER 1 YEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
2, and 3 2, and 3 1, and 3 1, and 3 1, and 3		Female Negro 3-25-1968 - YRS 4 26 8 20	6819 4:21amm
A COL	70.	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	W	ash., D. C. USA WIDOWED DIVORCED Prince George's	Md.
gwe Poges g with og	10 €	CHT OK TOWN OF BEATH THE MAME OF ROSPHAL OK INSTITUTION (# NOT IN HOSPITAL TEXT OF UCCUPATION (KIND OF WORK done II	126 KIND OF BUSINESS OR INDUSTRY
er d	130	Cheverly   give street address   during nost of working life, even if retired     Cheverly   Prince George Hospital   THI ant	
ed ty		admission STATE 13b COUNTY VES CT NO CT	Rural
Hours of Hire of I and 2 w		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost
		James S. Green, Jr. Bernice B.	Brown
thin 24 miner's poges hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	272 0 1125
y with pen Exami	fı	(tes, no, ar unknown) (Il yes give war or dotes of service) None Mr. James S. Green, Jr. Brandyw	
should be executed with word is pending in penting the Chief Medical Examination-trongit permit File in ony event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing ing adice ermi		MMEDIATE CAUSE (o)	
ex f M f M ent		Conditions, if ony, which gove ) DUE TO, OR AS A CONSEQUENCE OF Etiology undetermined	
d be chie from		nse to immediate couse (a), (b) DD.L.	
should be executed word 'pending' is the Chief Medical buriol-tronsit permit in ony event within		lost lost	
ite short the drop of to		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	1
This certificate should be executed within 24 icate, writing the word 'pending' in pencil in be forworded to the Chief Medical Examiner's doe used as a buriol-transit permit File pages or removal, and in any event within 72 hours		522 X	
writ wor wor sed lovo	CERTIFICATION	190 DATE OF OPERATION 196. COND. TION FOR WHICH OPERATION	20. AUTOPSY?
ore, se for	HE I	WAS PERFORMED?	YES 🔀 NO 🗌
inner: This certificate extrinsion of certificate, writing should be forworder files.  3 should be used as nation, or removol, and the certification of the certification.	9	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 216 TIME OF INJURY Month, Doy, Year HOUR A.M. 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	n 18)
INER: e cert shoul files. 3 shou	MEDICAL	CAUSE OF DEATH P.M. 19	f
Try DICAL EXAMINER: This certificate should be executed within 24 ry, please execute the certificate, writing the word 'pending' in pencil in erol director. Page 4 should be forwarded to the Chief Medical Examiner's be retained for your files.  RAL DIRECTOR: Page 3 should be used as a burial-transit permit File pages prior to burial, cremation, or removal, and in any event within 72 hours	2	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At hame, form, street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No.  City or Town	County State
DEPUTY BICAL EXAM seessary, please execute the funeral director. Page 4 may be retoined for your FUNERAL DIRECTOR: Page salth prior to buriol, crem		220. I certify that I took charge of the remains described above, held on Autopsy [34], Inspection [35], Inquiry [7],	and in my opinion
cal exe or. P od fo d fo d fo		deoth resulted from Noturol causes [X]. Accident [] Suicide [], Homicide [] Undetermined monner [	
JIY BIC, please e erol director be retoined RAL DIRECT prior to bu		CHIEF MEDICAL EXAMINER	_
ret rior		ACTUAL SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 226 DATE SI	IGNED
Sary Sary Inera			8-21-68
nocessary, please ex the funeral director. 5 may be retained fo Funeral Director		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 = 2 S = 3	230	BURIA, (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City, of Town) W 85 n	(County) (Stote)
	20	Burial / 0-23-1968 Mt. Olivet Cemetery   Bladensburg Rd.	N.E.
VR ATSME (5)			la Judge



1-	1	1 1 0 1 0	DIVISION OF VITAL RECORDS.	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
And the last of th		11940 '	Item 23a Film G	ERTIFICATE OF BEATH		11248
earth. Iral Ind 2 sath		TEASED-NAME Prost (Pe or print)	Middle	O co last	2a. DATE OF DEATH  Month  Doy	Year 2 D. HOUR
-0 NE - 10	3 SE	NEII	18 UV	GR1995	HUGUS! I	FUNDER 1 YEAR OF UNDER 24 HRS
after after	3 30	FEMALE.	White	s date of birth	6 ASE (In years last burthaux) YRS.	MONTHS DAYS HOURS MIN
			b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pers.	coun	" VIRGINIA	USA	WIDOWED TO DIVORCED	PRINCE GEORG	E S Md
fille fille	10. C	TY OR TOWN OF DEATH	31 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120 U.S. during	SUAL OCCUPATION (Kind of work done marked working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY
	120	LANHAM	give street oddress) LiA INAGNOLIA Inved. if institution Residence before	CARDEUS HOME		
cuted argula we co	00m	sion) STATE Mc.	139 COUNTY P.C.	1-0-0		MERE LA.
any any any	14. F	ATHER'S NAME First	M.ddle Last	15. MOTHER'S MAIDEN NAME		last
e be in d ise r		CHARLES	H. Willian			BR1665
requires that the death certificate be executed within 24 haurs after the physician.  I signed by the attending physician and carputately filled in by the burial-transit permit. Then please remare carbon papers. Page a burial, crematian, ar removal, and in any event, within 72-traussal		WAS DECEASED EVER IN U.S. ARMEE s, nd apChimown) (If yos give word	P FORCES? Pridates of service)  16b. SOCIAL SECURITY I 2.17-48-2		Address	
ng p The		18 CAUSE OF DEATH (Enter anly	one cause per +ne far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
endir arre		PART I DEATH WAS CAUSED E	CAUSE (0) C. A. Cf	CALLBLAddER		
he d peri		(5 6 C) Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF			
nat th I. y the insit		rise ta immediate couse (a),	(b) DUE TO, OR AS A CONSEQUENCE OF			
the second secon		stating the underlying cause last.	(c)			
equires that the physician. signed by the burial-transit burial, cremat		PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE O	PRECONDITION GIVEN IN PART 1(0)	
ing ling rhe	8	1 1				
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be defached far use as the shauld be filed with the State Dept of Health priar to	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?  YES □ NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
n. ar	I CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		nter nature of injury in Part 1 ar Part 2,	Item 18)
pital pital of H	MEDICAL	or contributing cause of DEATH				
TENDING PHYSICIAN: ined by the haspital at DR. After this certificate acid be defacted for the the State Dept at Hea	W	While Mat while Mar	ACE OF INJURY ( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	10RY.) 21f. LOCATION Street or R.F.D	Na City or Town	County State
NG Y th fer the fore de		at work at wark 22a. I certify that (1) (this	haspital) attended the decease	ed from 47/2, 19	68, ta 8/10 , 19	C. that (1) (we) last
ed be		saw the deceased aliv	haspital) attended the decease e an1 (I) (we) (did) (did nat) view the	960, and that in (my) (abr), a	pinian death accurred an the do	ite and have and from the
ATTO RESTRICT		22b SIGNATURE	(i) (we) (aid) (aid har) view ine		220	DATE SIGNED /
OR be re 3 ed w		anto	The 56 "	DEGREE PHYS	MED STAFF DIRECTOR PHYS	3/10/68
TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the has TO FUNERAL DIRECTOR: After this cer director, page 3 should be detache should be filed with the State Dept		22d PHYSIC AN S NAME (Type)	ON LEVITSKI	MALANY 220 ADDRESS V	Magnetin Mande	ome.
HOSP TONE OUNE	23a	BUR AL, CREMATION, 23b. DA	TE /200 23c NAME OF	CEMETERY OR CREMATORY	23d .QGAT ON (Cast or Town)	(County) (State)
10 10 14 14 14 14 14 14 14 14 14 14 14 14 14	B	REMOVAL (Specify)	1111/68 51.	Kimola	[ournar]	Names Mel.
30M REV (30)	14/	W. W. thanders	10 5801CLEVEL		DBY REGISTRAR 25b REGISTRAR'S UG 1 4 1968 RCL	
11.71			10100101	7,110		1 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11949 CERTIFICATE OF DEATH Middle lost 2o. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First withmer24) hours after death. Month (Type or print) John **Grilles** 6:25PM Aug. 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE S DATE OF BIRTH lost birthday) HOURS Male Caucasian 10/18/85 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Greece USA DIVORCED [ WIDOWED<sup>®</sup> **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers should be filed with the State Dept. of Health prior to buriol, cremation, ar removal, and in any event, within 72 Rrince George s

120 LSUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR U S Government give street oddress)
Prince Geo.Gen'l Hospital during most of working life, even if retred Retired Cabinet Maker Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR FOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? requires that the deoth certificate be executed Prince George's odnyson y fland Bladensburg 5100 Tilden Rd. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost Helen Steve Grilles 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) Bladensburg. 577 56 4492T Elsie M Grilles Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) BETWEEN DAISET AND DEATH DUE TO, OR AS-A CONSEQUENCE OF Conditions, if ony, which gove ) terresderation rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b) 4200 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO F 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 2 d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1 a. 2. , 19 4 2 to a.e. saw the deceased olive an 19 6 4, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did not) view the body after death. 22¢ DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Prince Coorge's Plaza, Hyattsville, Md. Aaron Deitz M. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23b, DATE 230 BURIAL CREMATION Colmar Manor Pro Geo Md. REMOVAL(SPET BY) Ft Lincoln Cemetery Aug 22, 1968 2Sb REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR AUG 2 2 1968 Morles F. Gassh's Sons Hyattsville, Md 30M REV 1/68

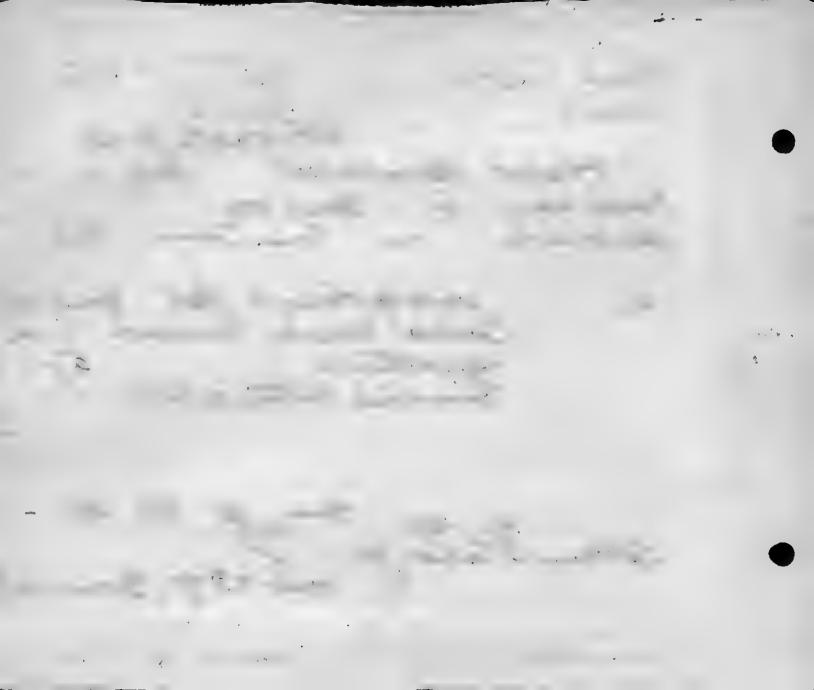


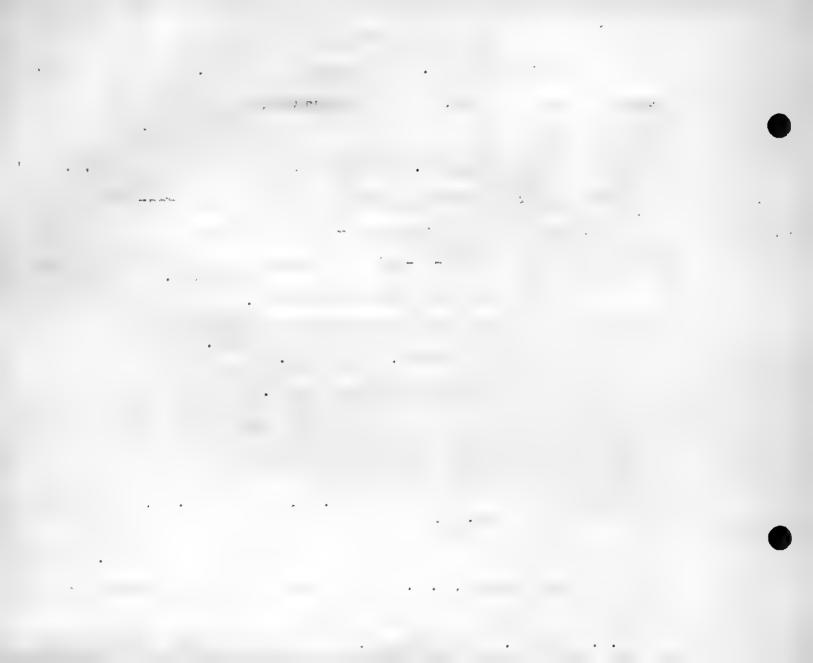
<i>‡</i> 1	1	MARYLAND STATE DEPARTMENT OF HEALTH  1.2.4.2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	(2.30)
HEALTH DEPT.		ECEASED-NAME First Middle Last 20 DATE KNOWN Manth E Type or Print)	Day Year 25 HOUR
· 5 5 5 5		Phillip Andrew Grimes DEATH MATED X 8 3	31 1968 6:00
delo	3. 5	last birthday) MAINTHS DAYS HOURS MIN Mareth Day	Year 20 HOUR
	7	M   W   10 Aug. 1907   61 YRS   31	19 68 / DITIM
De De De	COUP		h M
Press	10. (	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 13)	26 KIND OF BUSINESS OR
a & a . 7		Cheverly Prince George	NDLSTRY
haurs after- ltem 18. Give F Office olong w lond 2 with the	13a a	USUA. RESIDENCE (Where deceased lived, if institution. Residence before 13c City OR TOWN 13d INSIDE CITY LIMITS? 13b COUNTYX Washington YESK NO 1436 18th pl.	S.E.
haurs Item 11 Office 1 ond 2	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 in 1 in	_		i rr
INER: This certificate should be executed within 24 haurs afterne certificate, writing the word "pending" in pencil in Item 18, Giverable be forwarded to the Chief Medical Examiner's Office along files.  3 should be used as a buriol-transit permit. File pages I and 2 with thation, or removal, and in any event within 72 hours ofter death.		WAS DECEASED EVER IN U.S. ARMED FORCES?  (bs. no got unknown)  (if yes give were or deless of survice)  16b SOCIAL SECURITY NO  17 INFORMANT  Central of A. Cri.	"13"
be executed "pending" in nief Medical E. ansit permit. E.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in ief Medical isit permit.		IMMEDIATE CAUSE (o) Crushing injury of chest and haad	Minutes
e ey pen ef M ef M		OUE TO, OR AS A CONSEQUENCE OF	
F F F F F F F F F F F F F F F F F F F		rise to immediate cause (a).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per in the Chief in the		lost (c)	
This certificate should cote, writing the word be forwarded to the Cl be used as a buriol-tru ir removal, and im ony	=	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi orwar used moval	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY7
ER: This certificate, ould be fores.  es. inould be u.	ERTIF	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	YES NO T
INER: The certific should by files. 3 should by artion, or	3	PRIMARY TO DE CONTRIBITING THE HOUR A M	
VINER he cert shoul files. 3 shou mation	MEDICAL	CAUSE OF DEATH  6 • OF M pm 8 33 19 68 Crushed under overturned tractor 21d IN.URY OCCURRED  21e PLACE OF INDER (At home, form, street, while por white factory, affice building, etc.)  21f LOCATION Street ar R.F.D. No City ar Town	County State
AAM e the e the cour		WHILE DOT WHILE FOCTORY, office building, etc.) AT WORK AT WORK I Farm Aquasco Prince	George Md.
ICAL EXAMINER: execute the certifor. Page 4 should do for your files. CTOR: Poge 3 shoul burial, cremation,			and in my apınıan
DICAL EXAM leose execute the director. Page 4 etonned for your DIRECTOR: Page or to burial, crem		death resulted fram; Natural causes , Agrident Suicide , Homicide , Undetermined manner	. ,
pleose e director retoined or to bu		CHIEF MEDICAL EXAMINER	
AA A Prior		SIGNATURE	
necessory, please ex the funeral director. 5 may be retained in TO FUNERAL DIRECTO Health prior to bur		EXAMINER'S John Kehoe, M.D., Riverdale  DEPLTY MEDICAL EXAMINER 19-2-( ADDRESS(Street, city, town, or county)	58
5 4 4 V D X		REMOVA (Specty) / Tolt 1 - 1 On I IIIT Cont is The Tare	County) (State)
Na +38148 181 A	24	FINERAL DIRECTOR 250 RECO BY REG STRAR 250 REGISTRAR S SIG	
VR A15ME (5) 10M REV 1/68		10.3 103. 10 2-31 .110p mi. DT 17 parsEP 4 1968 gchant	1 mage
, fV		•	w -





1 · D	VIVISION OF STATISTICAL	RESEARCH AND RECO	RDS, 301 W. PRESTOI	N STREET, BALTIMOR	E 1, MARYLAND
or de la company	11944	CERTIFIC	ATE OF DEATH		55%
1. PL	ACE OF DEATH	<del> </del>			nstitution, Residence before admissi-
	ince Ge	2079e5 MARY	and o. STATE	b. COUNT	"P.G
Б, (	CITY OR TOWN (if outside corporate if white RURAL and give mearast town)	c. LENGTH OF STA	Y IN 16 CITY OR TOWN	(If outside corporate limits, write	RURAL and give neerast town)
- d.	MAME OF HOSPITAL OR INSTITUTION	I (if not in bookist give street adds	d. STREET ADDRES	swie _	12 02 10 11 1
٥,	TAME OF HOSPIAE OR INSTITUTION	ti (ii noi in nospiisi, give sitee) eddii	1300 41	hostut	o. IS RESIDENCE ON A FARM
3. N	AME OF	st / Middle	140	4. DATE Month	Day Yes NO
	pe or print) $+e/e$	n Hanson	Ella Hall	DEATH ACCO	7 / 1968
5. SE	6. COLOR OR RAC	7. MARRIED NEVER MARRIE	B. DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HR: Months Days Hours Min.
10a. 1	emale Nagn	WIDOWED DIVORCE		893 74 yrs.	
done	ISUAL OCCUPATION (Give kind of wideling most of working life, even if the		INDUSTRY 11. BIRTHPLACE (Co.	unty & State or foreign country)	12. CITIZEN OF WHAT COUNTI
13/. F/	TOUSE CUIT		14. MOTHER'S MAIDE	N NAME	412
	Unknown		unk	niwn	
15. W (Yes, r	AS DECEASED EVER IN U.S. ARMED FO		. IT. INFORMANT	1 / / jAddress	7
	10	216-58-58	s Nelon	L. Mall	BOWIE MC
18	PART I. DEATH WAS CAUSED BY	na cause per line for (a), (b), and (c	1/130-6	11	ONSET AND DEATH
	IMMEDIATE CAUSE		V ascalar	170 Claim	J. Iwk
c	onditions, if any, which	Hupste	nsian		2 vas
	eve rise to immediate cause  1), stating the underlying  DUE T	1 4/1-	· ^ <del>/</del>	/	
	transferal	beneraliz	ed Ha	id Sclause	2
NOL	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	AINAL DISEASE CONDITION GIVE	EN IN PART I(a) 19. WAS AUTOPS PERFORMED?
<u> ქ</u>	A. ACCIDENT WAS UNDERLYING	20h DESCRIBE HOW INTERV	OCCURRED, (Enter nature of injury	un Part I or Part II of stem 18 1	YES NO
E   O	CONTRIBUTING CAUSE OF DEATH	4 }	course farmer manner or minery		
-4	De. TIME OF INJURY Month, Day,	feer 20d. INJURY OCCURRED	20e. PLACE OF INJURY (Home, fa	irm. ' 20f. (City or town)	(County) (State)
MED	Hour a.m. p.m. 19	Whila Not Whila at work at work	factory, street, office bldg., e	- /	
21	. I certify that (i) (this hos	oital) fattended the deceased	from	1965 10	, 195 that (I) (10) I
- 1-	w the deceased alive on	71/48	nd that death occurred 2	15M from the causes a	and on the date stated above
27	STENATURE -	(chise)	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	226. DATI SIGN
22	e. PHYSICIAN'S		A.D. PHYS.	DIRECTOR PHIS.	D - /
	NAME (Typa)		13008	9-8	Sowie, m
23a. i	SURIAL, CREMATION, 236. DATE THE	EREOF 23c, NAME OF CE	METERY OR CREMATORY	23d, LOCATION (City, low	n or county) (State)
	Burial 7-5-68	Harmony		Prince George	,_Md
	ohn T. Rhiness!	Hone/3015 12th S	Wash.,D.C. 250. R treet; NE Mile	5 1968 255, REG	only Curtar
J	ohn T. Rhinesecs:		PAU:	1000	0-0-





2	1		11946	DIVISION OF V		01 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	1135	4
	4 _ 6 £		ECEASED-NAME First		Middle	Lost	20. DATE OF DEATH		2b. HOUR
	erol ond leat	1	(ype or print)	Nellie	C.	Handiboe	Aggust Menth 26	<sup>Day</sup> 1968°°	7:30PM
	a - E	3. 5	EX	4. RACE	-	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	thin 24 hours after death.  y filled in by the funeral an papers ragges I and 2 vithin 72 hours it death.		Female	Caucas	ian	Feb. 17, 1	hand briefly dark	MONTHS DAYS	HOURS MIN
	by the	70.	BIRTHPLACE (State ar foreign	76 CITIZEN OF WHAT		MARRIED NEVER MARRIED	9 COUNTY OF DEATH	<u> </u>	<u></u>
	in ho	€00	AY L DOLL A LIA	est.	C				aa I
	Illed paper	10	CITY OR TOWN OF DEATH	II. NAM	E OF HOSPITAL OR INSTE	TUTION (If not in hospital 120, USU)	Prince George's	e 12b KIND OF	BUSINESS OR
	within 24 ho ely filled in bon papers within 72 h		Cheverly	aive stre	et oddress)	n'l Hospital during m	ost of working life, even if retired.	.) INDUSTRY	arountago on
	a da ti	130.	USUAL RESIDENCE (Where decease	sed lived, if institution	: Residence before	3c CITY OR TOWN 13d. INSIDE CITY II	M 75? 13e. STREET AND NUMBER		
	executed with ond somplarely remove corbon ony event, wit	odm	ission) STATE Laryland	Prince G		ivattsville YES N	5009 40th P		
	nd no	14	FATHER'S NAME First	M ddle	Losŧ	IS MOTHER'S MAIDEN NAME F			Lost
	n o din	L	EDGAR		INS	SARAH.	E. TALBOT		
	requires that the death certificate be executed by physician.  I signed by the ottending physician and complete buriol-transit permit. Then please remove sort burial, cremotian, or removal, and in any event,	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	NOHE	MISS YATHERI	NE HANDIES	E SAM	EASK
terf g ph Then nov		IB. CAUSE OF DEATH (Enter on	ly one couse per line				APPROXII	MATE INTERVAL INSET AND DEATH	
	oth ndin it. r re		PART I DEATH WAS CAUSE	D BY	sive acute	hemorrhagic infa	retion right ce	rehral	HIST AND DEATH
	de otter		417		A CONSEQUENCE OF		hemisphere.	, LCOLGX	
	the chic		Conditions, if ony, which gove )			arly of the small		ented	
	hot n. yy t ons		rise to immediate cause (a), storing the under ying couse(			angrene of undete			
	es t sicia ed t ol-tr	1	lost			onary artery dise			
	equires the physician. signed by puriol-troi burial, cre	1	PART 2 OTHER SIGNIFICANT CON			RELATED TO THE TERMINAL DISEASE OR C			
	ng I an s	22	4301			•	ė .		
	AN: The law right of or ottending icate has been for use as the Health prior to	CERTIFICATION	196 DATE OF OPERATION 196	CONDITION FOR WHICH	OPERATION WAS PERF	DRMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
	The office of the hos	M				YES XX NO	CAUSES OF DEATH?		
	Z = 0	18	210, ACCIDENT WAS UNDERLYIN			21c HOW INJURY OCCURRED (Enter		2, Item 18.)	
	Pital Pital of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEAL		Month Doy Year				
	O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital on D FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for a should be filed with the State Dept. of Hea	×			HOME FARM, STREET, FACTO FICE BUILDING, ETC.	RY) 2 f LOCATION Street or R.F.D. No	City or Town	County	Stote
	Fe		of work of work	a haanaall aasaa	d a d Alica a casa a a d	Jan. 10/	- to 4 > 261	0.00	115 / 3 ) .
	ENDING ned by the R: After I uld be d the State	1	220. I certify that (1) (19)	tive an American	ded the deceased	fram , 19 (68., ond that in (ary) (900) opi	nian death accurred on the	date and hour	(1) <b>(2000)</b> last
	TEN med med the	1	causes-stated above	e, (1) (www) (d) d) fet	dynat) view the bo	idy after death.	inali dedili decolled dil lile i	zaie ona noor (	And nominate
	OR ATTENDING be retained by the DIRECTOR: After ge 3 shauld be ded with the State	Н	22b SIGNATURE	1			22	to DATE SIGNED	
	OR DE L	1	1 Jan	Tixau	NERG	DEGREE PHYS.	NED STAFF IRECTOR PHYS	August 2	8, 1968
	. — ():	1	22d. PHYSICIAN'S	/~~	/	22e. ADDRESS			
	TO HOSPITAL OR Page 4 may be 1 of FUNERAL DIRECTOR, page 3 should be filed when the should be sh	L	NAME (Type) Ba	rry Rosen	berg, M. D	6501 Lando	ver Rd., Cheverl	y, Md. 2	.0785
	Page of Fundinectors	230	BURIAL CREMATION 23b	DATE	23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty)	(Stote)
	5 5 5 4 x		BURJAL 8	-29-1968		SSIDAAL CEM	WASHINGTON		
	VR A15 (4) 30M REV, 1/68	24.	FUNERAL DIRECTOR	1. 0.	ADDRESS	250. RECO B	2 9 1968 REGISTRAL	e's signature	dal
	30M REV, 1/68	11/	1. WIL DIENN	1420-120	THA ALB TUNE	ALP. 39/VI DATE	and look	1	0 1

MAKILANU STATE DEPAKTMENT OF HEALTH

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				11947	DIA	ISION OF VITAL RECORDS,		CATE OF DE		E, MAK	TLAND 21201	" , 50	55
	· (Box		1 00	CEASED-NAME First		Middle	LIXIIII	Last		DATE OF C	NEATH.		2b. HOUR
- <del></del>					by	Boy		Harden				1968°	5:15A <sub>M</sub>
4	ne fui les it after		3 SE	Male		RACE Negro		5 DATE OF BIRTH July 7,	1968		6. AGE (In years lest birthday)	F JNDER I YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN
	Page Urs		7.0 0			TIZEN OF WHAT COUNTRY?	0	1		UNTY OF I	YRS.	25	
	4 nor		COURT	iryland	70. C	U.S.A.	WIDOWED	NEVER MARRIED	(54)		George's		Md
- c	e Recuted within 24 nauts after deam.  The completely filled in by the furecal remove carbon popers. Pages 1 and any event, within 72 hours after deam.	1+	10 €	TY OR TOWN OF DEATH		II NAME OF HOSPITAL OR INS Prince George	TITUTION (IF	spital	2a USUAL OCC luring most of	UPATION ( working li	Kind of wark dane fe, even if retired)	12b. KIND OF I INDUSTRY	BUSINESS OR
	a w lete arb	٠,	13a	USUAL RESIDENCE (Where deceose	d live	ed, if institution Residence before	13c CITY OR		ESIDE CITY LIMITS?	13e STRI	EET AND NUMBER		
-	kian and completed to the completed of t	16	odmi Mž	ssion) 1 STATE Lry 1 and	P <sub>1</sub>	fince George's	Jeffe:	rson Hgts	□ NO □	650.	5 K St., N	E	
		Î	14. F	ATHER'S NAME First		Middle Last	15	MOTHER'S MAIDEN	NAME First		Middle		Last
(2	a la din			William Harde				Betty Je	an Wait	ers			
¥	physician nen please and i			WAS DECEASED EVER IN U.S. ARM as, na, or unknown) (If yes give wi			17	INFORMANT			Address		
14 20 20 20	equires that the death certific physician. signed by the attending phys burial-transit permit. Then purial, crematian, ar removal,			PART I. DEATH WAS CAUSED IMMEDIA  Conditions, if any, which gave )	BY: TE CAL	DUE TO, OR AS A CONSEQUENCE OF	Lie	iti,	edri	W 0	Guin		AATE INTERVAL NSFT AND DEATH
4	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician at director, page 3 should be detached for use as the burial-transit permit. Then please-rehauld be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in			rise to immed ate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT CON		DUE TO, OR AS A CONSEQUENCE OF  (c)  (c)  (c)  (c)  (d)  (d)  (d)  (e)  (e)  (e)  (e)  (f)  (f)  (f)  (f	Falt OT RELATED TO	lec Ce e	EASE OR CONDIT	S K	10-Vers	to Da	leg -
	the law ratending attending has been se as the horiar to	· X	CERTIFICATION	19a DATE OF OPERATION 19b (	ONDI	TION FOR WHICH OPERATION WAS PE	RFORMED	2Do. AUTOPSY?	но 🔀 x		YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN CE	RTIFYING
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ital or ifficate ifficate i far us		MEDICAL CER	21a ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	er)	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19		OW INJURY OCCURRE		e of injury	r in Part 1 ar Part 2, 1	tem 18.)	
5779	this cer etached			21d. INJURY OCCURRED 21e. While Not while of work at wark	PLACE	OF INJURY ( AT HOMF, FARM, STREET, FAC		OCATION Street or F	R.F.D. Na.	City o	or Tawn	County	State
- CALCAST	retained by the haspital or attending ECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. of Health priar to			22a. I certify that (thi saw the deceased al causes stated above	s has ive o	spital) attended the decease in <u>August</u> (we) (d.d) <b>by not</b> ) view the	d fram 9_68, an bady after	July 7 d that in (my) (a death.	, 19 <u>68</u> , aur) apinian	taA death a	ccurred an the da	te and haur	(we) last and fram the
	OK AN De refo IRECT			22b SIGNATURE		1000	DEGI	ATTENDING REE PHYS.	MED.	R 🗆	STAFF YEST	LA 3	1968
	Page 4 may be retained  FUNERAL DIRECTOR: director, page 3 should be filed with the	1		22d. PHYSICIAN'S NAME (Type) Bern	arc	to Alvarado, M.			George	's G	eneral Hos		
	Page TO FUN direct		L		ATE 17	/68// Prince	Geo.	General I	dosp.	Cheve	(City or Town)	(200))	lagy and
١.	VR A15 (4 30M REV 1	PR	24.	FUNEAT DIRECTOR HARRY W PEND	ناز	ADDINISTRAT	OR	2Sa. DAT	AUG 2		28b. REGISTRAR'S	signature Play Jay	602 ·

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 xx 256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME FIRST Middle 20 DATE KNOWN Month Day Year ny delay 1. and 3 ta Poge (Type or Print) ESTI-Harley Tamara DEATH MATED 1 6 AGE (In years 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF JNDLR 24 HRS 2c DATE PRONOUNCED DEAD fast byrthday) 1968 10 Jan., 48 20 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH he State De country) New York U. S. A. WIDOWED [ DIVORCED [ Prince George ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a. JSJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Prince George Hosp Cheverly 13a. JSUAL RES DENCE (Where deceased year, finishtution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 18 E. 68th St., Apt 5-A 1195 COUNTY New York YES X NO Office Item 14 FATHER S NAME Middle Lost 15. MOTHER S. MAIDEN NAME First Andre Harley Natalie Hourvitch <u></u> hours should be farwarded to the Chief Medical Examiner's 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) N.A. Frank E. Campbell F.H. 81st & Madison Ave NYC APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Laceration of brain Min. IMMEDIATE CAUSE (0)\_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave Skull fracture rise to immediate couse (a), writing the word any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Trauma-auto accident 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o remaval, CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 2D AUTOPSY? WAS PERFORMED? YES 🔲 NO T 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of rejury in Part 1 or Part 2, Item 18) 216 TIME OF INJURY Month, Day, Year shauld PR MARY OR CONTRIBUTING HOUR A.M. cremation, Passenger in car which overturned. 5:35 pam 8 3 1968 CAUSE OF DEATH 21d INJURY OCCURRED 21f. LOCATION Street or R F.D. Na 21e PLACE OF IN JRY (At home, farm, street, City or Town County State white more white at work at work at work at work work. Baltimore Wash. Prkwy Prince George Co Md. Greenbelt Inquiry [X] Inspection . and in my apinion the funeral director. death resulted fram. Natural causes Accided X Suicide 1. Hamicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER (3) **EXAMINER'S** 5 may FO FUNE Health ADDRESS(Street, city, town or county) NAME (Type) Riverdale John Kehoe M.D. 23a BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 8-5-68 Demova" 24 FUNERAL DIRECTOR **ADDRESS** 25o. REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE Joseph Gawlers Sons 5130 Wisc. Ave. N. W. VR A15ME (5) 1968 yellanles 10M REV 1/68 Mashington D. C.



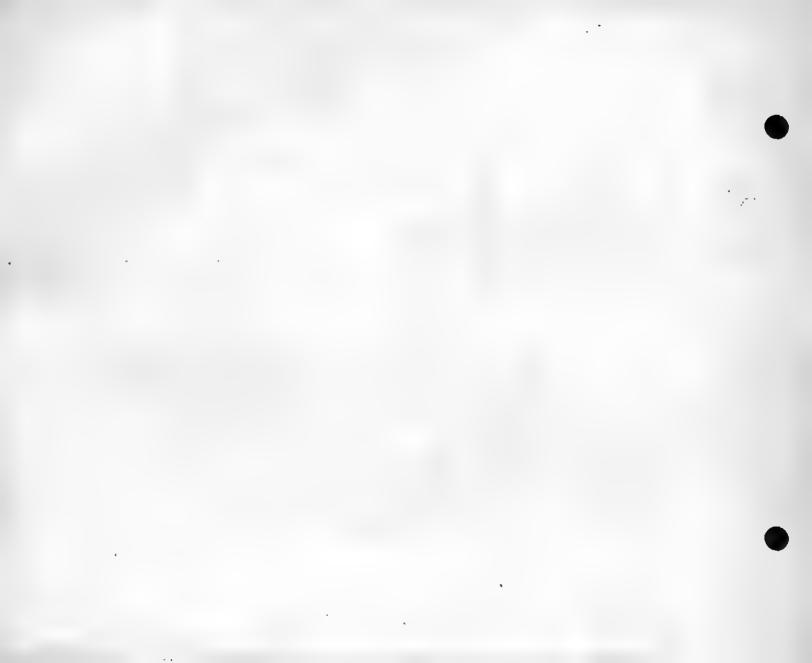
1	١.	11948 DIVISION	MARYLAN ; OF VITAL RECORDS, :		ARTMENT OF HEA ON STREET, BALTIMOI		
FOR STATE	Ιŧ	em#2a Film#G40			ERTIFICATE OF		^5/
HEALTH DEPT.		ECEASED NAME First Type or Print) Dona		Middle	lost Harrell	2g. DATE KNOWN Month OF ESTI- DEATH MATED A	/11 .68 5:10
ny delay is 2, and 3 to PM3. Page artment of	3 5	EX 4. RACE W	S. DATE OF BIRTH	6 AGE (in years	MONTHS DAYS HOU	NDER 24 HRS 2c DATE PRONOUNCED DEAD	Year 2d HOUR
100 a a	7a (0u)		TISA	/? 8 N	ARRIED NEVER MARRIED DOWED DIVORCED	9 COUNTY OF DEATH	19 68 5 2 40n
after death 38. Give Pages 1, along with farm with the Stota Belleath		ITY OR TOWN OF DEATH	11 NAME OF HOS	PITAL OR INSTITUTE	ON (If not in hospital 1)	to USUAL OCCUPAT ON (Kind of work done or no most of working life, even if retired.)	Md. 126 KIND OF BUSINESS OR INDUSTRY TIGHT
4 9 8 4 V		Camp Spring USJAL RESIDENCE (Where decease	Andrews ed lived, if institution Reside	Air For	ce Hosp.	CITY LIM 15? 13e STREET AND NUMBER	INDUSTRY USN
hours after 18. Gottee alon office alon land 2 with after death		dm ssien) STATE Colorad	1 PP COUNTY		City 1651	R NO □ 8131 Pontiac	
	14.	THOMAS	Middle R HAF	lost RPELL	15. MOTHER'S MAIDEN NA BA	ME first Middle RBARA J	PALMER
whin 24 juner's juner's pages		WAS DECEASED EVER IN U.S. ARMED F (es no, or unknown) (If yes give)		SECURITY NO. 52 2924	17 INFORMANT Navy Casual	ty Andrews AFB.	, Md
ould be exergreed without a chief Medical Exagent and transit permit. File any event within 72		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y ane cause per line far (o), (	(b), and (c))		•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
execuending F Medicitives on tw		× /6, ,	TE CAUSE (o) DUE TO, OR AS A CONSI	EQUENCE OF	rations of b		
Id be rd 'p Chie trans		Conditions, if any, which gove nse to immediate cause (a), stating the underlying couse (	(b)		iple skull f	ractures	
Shr in in		last.	(c)	Trau	ma-auto acci		Min.
s certificate should be ex, writing the word "penc farwarded to the Chief M used as a burial-transit p mavo!, and in any event	22	PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATE	TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
This certificate should ireate, writing the word be farwarded to the C d be used as a burial-tr or removal, and in any	CERTIFICATION	190. DATE OF OPERATION		ITION FOR WHICH O PERFORMED?	PERATION		20. AUTOPSY?  YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
医基基 空 9		21g EXTERNAL CAUSE WAS	21b TIME OF INJURY Mon	th, Day, Year	21c HOW INJURY OCCURRE	D (Enter nature of injury in Part 1 or Part 2,	
(AMINER: The feether certification of the certification of the standard be condition, and the condition, and the condition, and the condition, and the condition of the conditio	MEDICAL	PRIMARY OR CONTRIBUTING [ CAUSE OF DEATH 21d NURY OCCURRED 21e 1	15:05 hm 8	111968	5100 Block-	Suitland Road-Car or	verturned
EXAMIII ute the tige 4 s your f Page 3	>		PLACE OF INJURY (At home, fail tary, affice building, etc.)	rm, sîfeêî,	21f LOCATION Street or R.F.L. Suitland Ro	· ·	County State P.G. Md.
			oak charge of the remoin	is described oba			
bical Examiner: se execute the cerri setar. Page 4 should ned far your files. tECTOR: Page 3 shou		deoth resulted from.	Natural causes	//		nicide Undetermined monner	
plea I dire		ACTUAL	Hm Ki	bre		ICAL EXAMINER	TE SIGNED
		EXAMINER'S NAME (Type)	John Kehoe,	M.D. R1	verdale DEPUTY M		-11-68
necessa the fun 5 may 10 FUNE Health	230	BURIAL CREMATION /23b REMOVAL (Specify)		NAME OF CEMETE		23d LOCAT ON (City or Town)	(County) (State)
	24	FUNERAL DIRECTOR	-16-68	ADDRESSEE	Della C 1250	REC'D BY REGISTRAR 256 REGISTRAR S	COLORADO SIGNATURE
VR A15ME (5)	4	W. Chamber	-C 1400C	haling 5	Thw. Date	AUG 1 6 1968 /CCC	mes Judge



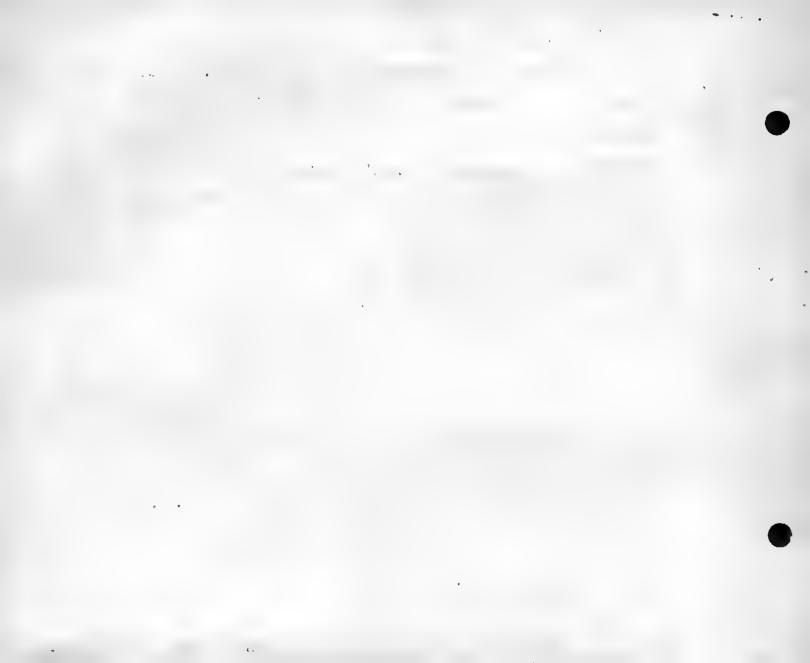
	l		D STATE DEPARTMENT OF H		
	11850	Item 2a Film 340	301.W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MUKE, MAKTLANU 21201	1058
¥= -2∉ (	1. DECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
uneral and 2 death.	(Type or print) Thoma	is a second	Haw, Sr.	August 2	1968 M
after a	3 SEX Nale	4 RACE White	S DATE OF BIRTH Nov. 25, 189	2 6. AGE (In years Just birthday) YRS.	FUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
in by	7a BIRTHPLACE (State or foreign country) ngland	76 CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEVER MARRIED UVORCED DIVORCED	9. COUNTY OF DEATH Prince Georges	Md.
ithin 2 y filled an pap within	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 USUA	L OCCUPATION (Kind of work done ost of working life, even if retired)  Delegrapher	12b. KIND OF BUSINESS OR INDUSTRY Weather Buceau
repletely harby	130. USUAL RESIDENCE (Where deceos odmission) STATE / Card Land	yland givestices odness (1) ed hved, if institution: Residence before 136 COUNTY	13c. CITY OR TOWN 136 INSIDE CITY J. Hyattsville YES NO	MITS? 13e STREET AND NUMBER	
e executed the second of the s	14. FATHER S NAME First Charles	Middle Lost Haw	135 MOTHER'S MAIDEN NAME F		losi Duerson
law requires that the death certificate be executed within 24 haurs after death ading physician.  been signed by the attending physician and Completely filled in by The funeral se the burial-transit permit. Then please remaye carbon papers. Person and for a burial, cremation, ar remayal, and in any event, within 72 hours attendeath and the second an	160. WAS DECEASED EVER IN U.S. ARM  (Yes no, or unknown)  (1 yes give ye			aw 1807 E.W. Hig	
equires that the death certift physician. Signed by the attending phy burial-transit permit. Then burial, cremation, ar remova	18. CAUSE OF DEATH (Enter on	y one couse per line for (o), (b), and (c)	10	*	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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requi ng phy en sign to burn	11.501	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE PRO	ONDITION GIVEN IN PART 1(0)	
aftendir antendir has bee se as the harior	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS P	RFORM& 200. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
ICLAN: The pital ar af thirdicate had far use af Health	210. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical examin	H HOUR A.M. Month Day Year		noture of injury in Port 1 or Port 2, it	tem 18.)
PHYSIC he hasp his cert erached Dept. o	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY ) 21f. LOCATION Street or R.F.D. No.		County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tran should be filed with the State Dept. of Health grior to burial, cre	22a. I certify that (I) (this saw the deceased at couses stated above	is haspital) attended the deceos live on Feb., (I) (we) (did) (did not) view the	ed from, 19 £ 19 £ & , and that in (my) ( <del>our)</del> opi body after death.	nian death occurred on the dot	te and hour ond from the
OR AT OR Established Showith	22b. SIGNATURE Philip	H. Varner	DEGREE PHYS D	IED. STAFF 220 D	TATE SIGNED
O HOSPITAL Page 4 may O FUNERAL director, pag should be fill	22d. PHYSICIAN'S NAME (Type) Phi	lip H. Varner, MD	DEGREE ATTENDING DO NO	, Ave., Wheator,	The second secon
Page for Fun shoul		g. 5, 1968 Fort	cemetery or crematory Lincoln Cemetery	23d LOCATION (City or Town) Kladensburg, P.	(County) (Stote)
VR A15 (4) 30M REV. 1/38	Varner E. Pumsh	E. C. Glen Callery rey. Inc., 8434 Ga	Ave. S.S. DATE AL		signature Solay Junga
. 124					U



			D STATE DEPARTMENT OF HEALTH	
			301 W. PRESTON STREET, BALTIMORE, MARYLAN	ID 21201
н		LLOUK	CERTIFICATE OF DEATH	. 1259
Īī.	. DEI	CEASED NAME First Middle	Last 2a DATE OF DEATH	2b. HOUR
П	(Ty	ype ar print) MARY 1/	1/41/Vins	enth Para Year of 1185 M
1/2	SE)		5. DATE OF BIRTH _ 6. AG	F (in years ) IF UNDER 1 YEAR   IF UNDER 24 HRS.
ľ	307	TE 14. KALE 11/		birthday) MONTHS DAYS HOURS MIN
		. 10	1-01-01	YRS
70	a Bi	SIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY)	8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	4
ľ	aon	"" U.S.A CHARLES"	WIDOWED A DIVORCED TO	George Md.
Ħ	o cr	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR IN		af work dane 12b KIND OF BUSINESS OR
	(	Clinton properties address)	W BARDENS during most of working life, ev	emf retired.) INDUSTRY
ī	3a. 1	USUAL RESIDENCE (Where deceased lived, if institution Residence before)	13c CITY OR TOWN 13d INS DE CITY LM TS2- 13e STREET AN	ID NUMBER
0	dmis	ssion) STATE Md 136 COUNTY LARIES	LAPIATA YES NO DI	+ 2
2	A E	ATHER'S NAME First Middle Last	IS MOTHERS MA DEN NAME First	Middle Last
ľ	1 1 /	GONZEY GREEN REEDER		REEDER
Ļ	7.			
ı,	ou. Ye	WAS DECEASED EVER IN LS ARMED FORCES? es, na, drynlerbwn) (It yes gwe war or dates of service) None		Address
Ŀ	_	None	Annie Smothers-Daugh	
L		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
Т		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ullac ament	
н		HI DUE TO, OR AS A CONSEQUENCE OF	W	- 0
П		Canditians, if any, which gave )	raction Heart The	wan-e
П		rise to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF	1	
П		stating the oncertying coose.	Suracular marin	Thurst France
П	- 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		PT I(a)
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	ੋਂ	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PE	CANCEC DE DE	FERE FINDINGS CONSIDERED IN CERTIFYING
	CERTIFICAT	A. A. C. A. P. L. C. L.	AR NOTY	
		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY TOR CONTRIBUTING TOLD CAUSE OF DEATH HOUR AM Month Day Year	21c HOW INJURY OCCURRED (Enter nature of injury in Po	rt I ar Parl 2, flem 18.)
	MEDICAL	(If either, natify medical examiner) PM	9	
		21d. INJURY OCCURRED 21e. PLACE OF INJURY 1 AT HOME FARM, STREET FAI	CTORY, 21f LOCATION Street at R.F.D. Na City at Taw	n County State
		While Nat while at wark at wark	1	-3 /
			ed from March, 1, 1968, tolling	27, 19 681, that (1) (we) last
		22a I certify that (I) (this haspital) attended the decease saw the deceased alive on	9 68, and that in (my) (our) opinion death of cyrr	ed on the date and haur and from the
	L	couses stated above, (1) (we) (did) (did)hat) yiew the	body after deoth.	
L		22b SIGNATURE	ATTENDING MED STAFF	22c, DATE SIGNED 1968
L		(lefted Oupper	DEGREE PHYS DIRECTOR PHYS	B 8/ 29/1908
ı	1	22d PHYS CIAN'S	22e ADDRESS	
		NAME (Type) Alfred R. Lapen, M	.D. Clinton, Maryl	Land
2			CEMETERY OR CREMATORY 23d LOCATION (City	ar Tawn) (Caunty) (State)
		DEMONITE EXTENDED A A A A	Joseph's Cemetery Pon	fret . Maryland_
2		FUNERAL DIRECTOR ADDRESS		B REGISTRAR'S SIGNATURE
Y	1	refust tunes - Wome &	me Lallate MERTISEP 4 1968	Polisyles Judge
	40	- TO 170 . (	1000	



		440 24		S. 301 W. PRESTON STREE	T, BALTIMORE, MARYLAND 21201	
A STATE OF THE STA		11952		CERTIFICATE OF DI		. 13:0
ب 2 <b>ب</b>	1 D	ECFASED-NAME Fire	st Middle	Lost	2a DATE OF DEATH	2b. HOUR
r death uneral 1 and 2 r death	{	ype or print)	lelen Yvonne	H-111	Aug. Manth Da	1968 B:45AM
fun fun	3 5		4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
afte ges aft	Ш	Female	Caucasian	MAY	29, 1918   last birthday) YRS.	MONTHS DAYS HOURS M.N.
and Same	70	SIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE		
4 (182)	£00	BRECD CO	1 0,9	WIDOWED DIVORCED		S Md.
2 2 2	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in hospital	12g. USUAL OCCUPATION (Kind of work done	12b, KIND OF BUSINESS OR
executed within 24 haurs after death death deappear to completely filled in by the funeral emave carban happen. Pages I and any event, within 22 hours after death		Cheverly	give street oddress)	.Gen'l Hospital	during most of working life, even if retired.)	MDUSTRY
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w/ 0 \ <u>-</u>	L	CLAUDE	MARION	UNK	Nowy	
Single Si	160	WAS DECEASED EVER IN U.S. All es, nagarjunknawn) (If yes give			Address C	SAME AS#13
oval a		NO	517-28	71000	NW. HILL	
te death ce attending p permit. The	L	18. CAUSE OF DEATH (Enter of	on y ane cause per line far (a) (b) and (	(a) E()		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
he deat attend permit.	L	PART I. DEATH WAS CAUS	DIATE CAUSE (a)	monary lay.	use, 1	
att peri	L		DUE TO, OR AS A CONSEQUENCE C	OF O !	7//	1
the the usit mat	L	Conditions, fany, which gove nse to immediate couse (a)		Unsmmart1	Comphysima	1. ens
the py tran	L	stating the underlying cause		10 10		1/3
equires that the death certrift physician. signed by the attending left burial-transit permit. Then burial, crematian, ar removal	L	last	) (c) /	Winchist a	31.3)	1/ Jeans
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspiral at attending physician.  DIRECTOR: After this certificate has been signed by the attending electrons is should be detached for use as the burial-transit permit. Then pleated with the State Dept of Health prior to burial, cremation, ar removal, as	L	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTESSATING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	ISEASE OR CONDITION GIVEN IN PART 1(0)	C
ding ding seen the tre	NO	19a DATE OF OPERATION 1191	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g AUTOPSY	20b IF YES, WERE FINDINGS	CONCIDENCE IN CENTURYING
ATTENDING PHYSICIAN: The law re retained by the haspital ar attending ECTOR. After this certificate has been 3 should be detached far use as the with the State Dept of Health prior fa	CERTIFICATION	170 DATE OF OPERATION 176	B. CONDITION FOR WHICH OPERATION WAS:		NO CAUSES OF DEATH?	COMPRESS IN CERTIFFING
The second secon	ERI	21a ACCIDENT WAS UNDERLY	'ING   216. TIME OF INJURY	YES T	RED (Enter nature of injury in Port 1 or Port 2,	2tam 19.)
fical far	3	OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. Month Day Yes	or	the fine interest of regard in Fort 1 of 1 of 2,	10.1
r and a spin	MED	(If either, notify medical exam 21d IN.JRY OCCURRED   21	niner) P M  e PLACE OF INJURY (AT HOME FARM STREET, DIFF CE BU LDING, ETC.	FACTORY ) 21f LOCATION Street or	r R F D No. City or Town	County State
G PHYSIC the haspit this cert detached	П	While Nat while at wark	OFF CE BU LOING, ETC.	JEH LOCKHON SHOOL OF	1 KT D 1101 CH 3 10 10 110	volity grain
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TITE Son Soul			ve, (I) (xxx) (did) (dxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	e bady after death.		
WHI WHI		226 SIGNATURE	· W Darlan	ATTENDING		DATE SIGNED
0 9 E P	L	22d PHYSICANS	0 //- /	GREE PHYS 22e ADDRESS	DIRECTOR PHYS	0/1/00
May RAI	L	NAME (Type) - THOM	WAS NELSON P		SEYE ST. N.W. D.	£!
TO HOSPITAL OR ATTER Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with this	230	BURIAL, CREMATION, 23b	DATE 23c NAME O	OF CEMETERY OR CREMATORY		(County) (State)
Page of shape shap	13.	BURIAL, CREMATION, 23b REMOVAL (Specify)	-10-1968 CE	DAR HILL	23d LOCATON (City or Town)	
	24.	FUNERAL DIRECTOR	ADDRE		g. REC'D BY REGISTRAR 2Sb REGISTRAR	S SIGNATURE
30M REV 1 (8)	1	U. W. CHAM.	BERS GO. Kiner	dale, 4119. 01	ATE AUG 8 1968 JCCC	world Judge



and the same of th	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201												3 42	
FOR STATE	1	11058 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										. €	10.	
HEALTH DEPT.	1. DECEASED-NAME		First		Middle		Last	OI DEA	2a. DATE KNOWN Month			Day Year 2b HOUR		
	(Typ	e or Print)							OF FSTI.			/		
ny delay is 2, and 3 to PM3. Page	7 Ct V		Per 4 RACE		Car		Holmes	IF JNOER 24 H		MATED 3		<del>-</del> 68 "	7:20pm	
delay and 3 M3. Paq tment	3 SEX			S DATE OF		6 AGE (In years last birthday)	MONTHS DAYS		AL VALLE	PRONOUNCED		Vone	2d HOUR	
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ath any in form P State Tep	10, CITS	OR TOWN OF	DEATH	11	NAME OF HOSPITA		N (If nat in haspital		L OCCUPATION	(Kind of wa	rk dane		BUSINESS OR	
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hours Item 18 Office Tand 2 v		ATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle									ace	Last		
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thin 24 incil in miner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  18 yes give wor or datas of service)								Hig	Highland			
nould be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages I any event within 72 hours	-	st, (id., dil Uliki(IdWil) [1] yes gine war of dalas of service] Clement Martin-1108 69th Pl												
Teine and		8. CAUSE OF			r line for (a), (b), a								MATE INTERVAL ONSET AND GEATH	
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ard and large of the large of t			iate cause (a), derlyina cause		OR AS A CONSEQUE	NCE OF								
should be executed with a ward "pending" in perion the Chief Medical Example burial-transit permit. File I in any event within 12		last.												
	94	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
CAL EXAMINER: This certificate execute the certificate, writing this. Page 4 should be farwarded to ad far your files. CTOR:Page 3 should be used as a bound, crematian, ar removal, and		421						OLINE OIL COIL	D*************************************	(17,711)				
certifi arwar used moval		190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION											OPSY?	
far, v or	E E	WAS PERFORMED?											□ NO 🔀	
ER: This certificate, auld be faces. es. cond be condition, ar rentian, ar ren	CERTIFICATION	e EXTERNAL C	AUSE WAS	1216 TIME	OF INJURY Month, De	ny Vene	21c HOW INJURY OC	CIIDDED (Enter	nature of 'our	v in Dart 1 or	Part 2 Ita		110 130	
± ≥ ∪		RIMARY OF	CONTRIBUTING		A.M.		ZIC HOTE HEIDKI OC	COKKED (EIIIEI	tidiote di ului	y In Fatt   G	FGII Z, IFE	in tod		
NES NES cei iles sho		AUSE OF DEATH		N ACT OF HOUSE	P.M	19	100170015	D.C.D. NI				- 2		
	- 1		1 4	octary, affice build	(At hame, form, s ding, etc.)	treet,	21f. LOCATION Street	ark,t.D. Na	(Ity	or Town		County	State	
DEPUTY  Scessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page softh prior to burial, crement	l L	AT WORK L. AT	WORK			1								
for jal,		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my apinion												
Edit ed C		death res	sulted from:	Natural La	iuses 🔀 Ad	cide/it/ 🔲 ,	Suicide .	Homicide	Unde	termined i	manner			
please direct direct retaine DIREC		CHIEF MEDICAL EXAMINER												
UTY DIA		ACTUAL 226 DATE SIGN												
UT)		DED TV MEDICAL PRANCISCO SES											68	
ess for the form		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, ar county)												
o DEPUTY necessary, p the funeral 5 may be r 0 FUNERAL Health price		BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)												
F 2	R	EMOVAL (Speci Buria	6/1 /							. ,	,	. ,,	(2,0,5)	
	24 F	Burial   8/21/68   Lincoln Memorial Cemetery Maryland  24. FUNERAL DIRECTOR Stewart Funeral Home-4001 Benning Rd., NAKE. AUG 22 1368 REG STATES AUG 22												
VR A15ME (5)	S	tewar	t Fune	ral Ho	me-4001	Ronn	na Pd	M.F.	UG 22	1968	TOU	arces,	The same	
10M REV 1/68			4110	1 4 1 110	WC-4001	Denn.	my na.,	HOWETT			U	T.	, -	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11954 CERTIFICATE OF DEATH First Middle 1 DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR death. (Type or print) Month 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR requires that the death certificate be executed within 24 hours after last birthday) OAYS MONTHS in by 70 BIRTHPLACE (State or fareign WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [ event, within 72 filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY campletely 1 nave carba deceased lived, if institution Residence perore 13d. INSIDE CITY\_MMITS? 13b COUNTY MARLOW HT and in any 14. FATHER'S NAME 15\_MOTHERS MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown), MIECE 4 ME APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY HUPERTEN SIVE HEART DISEASE MONTHS IMMEDIATE CAUSE (a) burial-transit/pecart burial, crematian, or DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) GENERALIZED SEVERE O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior ta 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 19p. DATE OF OPERATION 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO [ 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 7 p. W. 20, 19 6P, ta 3/9, 19 00, that (1) (we) last saw the deceased alive an 8/P, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated abave, (i) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING 22d. PHYSICIAN'S 22e ADDRESS 4400 Rol. NAME (Type) 23a BURIAL, CREMATION NAME OF CEMETERY\_OR CREMATORY (County) (State) \_REMOVAL (Specify) UND Lav 2So REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Hope 30M REV, 1/68



	1			D STATE DEPARTMEN		I LOVI ALID ATOM		
1000		11955	DIVISION OF VITAL RECORDS,	CERTIFICATE OF D	-	MAKYLAND 21201	74.76	3
in any event, within 72 hours after death.	1 D	CEASED NAME Firs		Last		OF DEATH		2b. HOUR
		ype ar print) EDN		HORNE		Month Day	Yeor	M
	3. SE		4. RACE	S. DATE OF BIRT		6. AGE (In years	HE UNDER 1 YEAR	F UNDER 24 MRS.
		FEMALE	WHITE	5-3-93	1.	lost birthday) YRS.	MONTHS DAYS	HOURS MIN
		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRI	9. COUNTY			
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a <sup>n</sup>	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If nat in haspital	12a. USUAL OCCUPATI	ION (Kind of work done	12h KIND DE RI	ISINESS OF
	C	LINTON	give street oddress) PINEVIEW	GARDENS			US Gov	t
17	odm:	ssion) STATE IN 1-1 W	osed lived if institut on Residence before		ES NO 13e.	. STREET AND NUMBER	0 <del>7 -</del> A.,	,
ε	-	ATHERS NAME First	Middle Lost	IS MOTHER'S MAID	FN NAME First	Middle	) / /V.C.	Lost
			. Horner		Richardson			603)
<b>A</b>		WAS DECEASED EVER IN U.S. AR		NO. 17 INFORMANT		Address		
	L	es (16 Oor unknown) (If yes give	war or dates of service)	Nursing H	Iome Record	ls		
		18. CAUSE OF DEATH (Enter of PART ), DEATH WAS CAUS	nly one cause per line for (o), (b), and (c).	.72	- 1'-			TE INTERVAL ET AND DEATH
		PART I, DEATH WAS CAUS	IATE CAUSE (0)	- A	enca	-Ct		
		4409	DUE TO, OR AS A CONSEQUENCE OF	TIVE HE	ART 8	PAILURF		
		Candificens, if any, which gave rise to immediate cause (o),	(b)	1102 112				
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1.0 SCLERO	313			
			INDITIONS CONTRIBUTING TO DEATH BUT N			IVEN IN PART 1(o)		
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17		190. DATE OF OPERATION 196	. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPS		. IF YES, WERE FINDINGS CO	ONSIDERED IN CER	TIFYING
Å	CENTIFICAT			YES 🗀	NO [	USES OF DEATH?		
	SE CE	210 ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DE	NG 215. TIME OF INJURY ATH HOUR A.M. Manth Day Year	21c HOW INJURY OCCUR	RRED (Enter nature of a	injury in Port 1 or Port 2, 1	tem 18.)	
	MEDIC	(If either, nat fy medical exam	iner) P.M. 19		D.F.D. H			r.
	-	21d INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY ( AT HOME FARM, STREET FAC	211 LUCATION Street of	ar K.F.D. No. (	City or Town	County	Stote
		22g   certify that (1) (t)	his hasnital) attended the decease	ed from V-/	, 196 F. to_	V - 4 19	Co.F. that (	() (we) last
		saw the deceased	his haspital) attended the decease alive an	9, and that in (my)	(aur) apinion deat	th occurred an the da	te and hour a	nd fram the
			e, (I) (we) (did) (did not) view the	bady after death		1 #= -	NATE PARAMETER	
		22b SIGNATURE	& spertier	DEGREE PHYS	MED DIRECTOR C	STAFF D 220	DATE SIGNED	967
1		22d. PHYSICIAN'S	5 000 11-5	22e ADDRE		O Let Clade	171.	
		NAME (Type)	U					
	230	BURIAL, CREMATION, 23b		CEMETERY OR CREMATORY		ATION (City or Town)	(County)	(Stote)
		REMOVAL(Spelity)		ew Cemetery		ria County,		
	24.	FUNERAL DIRECTOR 1hel	m Funeral Home ADDRESS		Sa REC'D BY REGISTRAL			
8	4.	308 Suitland R	d. Suitland, Maryla	tiid [	DATE AUG 12	1968 Relie	was Jay	see.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11956 964 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odm.ssion) o. COUNTY o. STATE b/COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits r TENGTH DE STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) WAShINGTON d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? . 57. YES X NO [ NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED 0 F HOSTETTER (Type or pant) DEATH requires that the death certificate be executed SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED in veors lost birthdoy) Months Dovs Hours 16-16 and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY VIRGINIA 13 FATHER'S NAME signed by the attending physic burial-transit permit. Then pli burial, crematian, ar remaval, 14. MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, prunknown) (If yes give wor or dates of service) 2026 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o. DUF TO Conditions on y, which gove rise to immediate couse (a), DUE TO stoting the underlying couse prior tal lost PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? YES NO 🔀 200 ACCIDENTAVAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While factory, street, affice bldg. etc.) TO HOSPITAL OR ATTENDING at work ot work TO FUNERAL DIRECTOR: After , 1966, to 21. I certify that (I) (this hospital) attended the deceased from Page 4 may be retained directar, page 3 shauld shauld be filed with the 19 Co Cond that death accurred at 30 M, fram causes and an the date stated above saw the deceased alive an\_\_\_ 22a, SIGNATURE DATE S GNED PHYS DIRECTOR PHYS 22c PHYSICIÁN'S 22d. ADDRESS NAMETType 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town REMOVAL (Specify) FUNERAL DIRECTOR 250 RECD BY REGISTRAR VR A15 (4) DATE SEP 25M 1/67



MAKTIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11965 CERTIFICATE OF DEATH Middle Lost 2a. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR daath. (Type or print) William E. 1968 Howard 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) DAVS HOURS male YRS June 15 cauc. hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED (quntry) Prince George director, page 3 should be detached for use as the barial-transit permit. Then please remave carbon pagers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 Maryland USA WIDOWED DIVORCED TO 24 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR Rt 1 Box during most of working life, even if retired ) INDUSTRY Bowie completely 1 Box 16 carpenter construction 13a USUAL RESIDENCE (Where deceased hyed, if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE 18b. COUNTY NO Holliday Gambrilla **54 FATHER'S NAME** Last IS MOTHER'S MAIDEN NAME First M<sub>i</sub>ddle First Malcolm R. Howard maude Chandler physician ( 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT RtlAddisx 16 Yes, na, ar unknown) 214-18-2002 Mrs. Vanie G. Howard - Bowie, Md APPROXIMATE INTERVA IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND GEAT signed by the attendiburial-transit permit. DUE TO, OR AS A/CONSEQUENCE OF Conditions, if any which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES | NO 🔲 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at wark 22a. I certify that (I) (this hospital) attended the deceosed from 19 ond that in (my) (our) opinion death occurred on the date and hour and from the 22b. SIGNATURE ATTENDING DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR PREMATORY 23d, LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) hurch of. God Cenetery Gambrills 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR nopping -DATE SEP 30M REV. Hopping Funeral Home - Annapolis.



	II t	em 13 Film 404	- 9-11-68 MAKT	LAND STATE DEPARTMENT	OF HEALTH	
and the second second		11959	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, CERTIFICATE OF DEA		11967
# 15 mg		ECEASED-NAME First (ype or print)  Lida	Middle	Lost Hutchinson	2a. DATE OF DEATH  Month Day  August: 13	Year 1968 3:35 M
<b>₹</b> 72.≩	3 S	X	4. RACE	S. DATE OF BIRTH	6 AGE ( n years last birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
hours aft n by the 's Pages hours aft		Female	White	4/27/73	95 YRS.	
hou hou	76. cau	ntry)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED		
filled in papers	10.	Wash., D.C.	USA 11 NAME OF HOSPITAL	OR INSTITUTION (If not in hospital 120	Prince George's  USUAL OCCUPATION (Kind of work done	Md 126. KIND OF BUSINESS OR
with bon with		Riverdale	give street oddress) Eugene Le	land Memorial	ring most of working life, even if retired.)	INDUSTRY GOV t.
omple event	odm	USUAL RESIDENCE (Where decease issian) DC Mary Lang	d lived, if institution, Residence by 136 COUNTY Phr/ George	efore 13c CITY OR TOWN 13d INSI	DE CITY LIMITS? 136. STREET AND NUMBER	Street
ong coming on a nony ev	14.	ATHER'S NAME First	Middle	ost IS MOTHER'S MAIDEN N	IAME First Middle	Lost
n one se re		James		olove	Frances A.	Stowe
it the death certificate be the ottending physicion ist permit. Then pleose nation, or removal, ond i	16a.	WAS DECEASED EVER IN U.S. ARME es, no or unknown)   (II yes give wor	D FORCES?  or dates of service)  16b SOCIAL SEC			Riverdale, Md.
phy phy nova	H				m. Hosp. 4408 Queens	bury Rd.
ding Terr		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	BY E CAUSE (a) Respi	rotory Failure		10 minutes
deo deo n, or		, !MMEDIAT	DUE TO, OR AS A CONSEQUEN	, 20		70 1111111
the o		Canditions, if any, which gove	(b) Ceres	bral Hemorrha	pe	10 minutes
that on. by tl rons crem		rise to immediate cause (a),( stoting the underlying couse(	DUE TO, OR AS A CONSEQUEN	CE OF	1	270
sicio sicio led to of-tr		last.	(c) Arter	iosclerasu Gene	valized	Duyears
equires physicic signed buriol-ti buriol, c	П	PART 2. OTHER SIGNIFICANT COND	OTTIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART I(o)	
w ra ling een the r to	NO		hemia q	Uremia.	6	AUCIDEDED III CENTREMIA
The law ratending has been se as the h priar to	CERTIFICATION	190 DATE OF OPERATION 195. CO	ONDITION FOR WHICH OPERATION V		NO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
I: The or att te ho use ho alth p		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	_	(Enter nature of injury in Part 1 or Part 2,	Item 16 \
YSICIAN: ospital or certificate hed for u	ਤ	OR CONTRIBUTING CAUSE OF BEATH.	HOUR A.M. Month Doy	Year	tener transcor at all all all all all all all all all	~
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerging the statement of the hospital or attending physicion.  Fuge 4 == y be retoined by the hospital or attending physicion.  FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and confirmation, page 3 should be detached for use as the buriol-transit permit. Then please remainded to the state Dept. of Health prior to buriol, cremation, or removal, and in any should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any	MEDI	21d INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, ST OFFICE BUILDING, E	REET, FACTORY, 21f. LOCATION Street or R F	F.D. No. City or Town	County State
N th		22a. I certify that (I) (this	hospital) attended the de	ceased from 31 May	, 19 <u>63</u> , to <u>13 Americ F</u> , 19 n) opinian death accurred on the da	GS , that (I) (we) last
ed bed by the She She She She She She She She She S	П	sow the deceased ali	ve on 12 Angust (I) <del>(wo)</del> (did) <del>(did not)</del> viev	19 <u>65</u> , and that in (my) (et	n) opinian death accurred on the da	te and hour ond from the
OR ATTENDING be retoined by the IRECTOR: After it e. 3 should be do ed with the State		22b SIGNATURE	(1) (ma) (ala) (ala mar) viev	1 -	224.	DATE SIGNED
OR De re de W		Walcul	W. Jiho	DEGREE PHYS	B MED STAFF D /3	August 1968
PITAL THE PITAL DERAL DERAL DERAL DERAL DER PIGE DE FILE DE FI	١.	22d. PHYSICIAN'S NAME (Type) W.W.G.	ibson,M.D.	22e ADDRESS	1300 st. Barnzilou Heights, Maryla	hd 20031
TO HOSPITAL OR ATTENDING Page 4 — y be retoined by t TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State	23a	BURIAL, CREMATION, 236 D. BYOYA (Spycify) 8-1	ATE 23c NA/ 5-68 Ceda	ME OF CEMETERY OR CREMATORY 1 Hill Cemetery	23d LOCATION (City or Town) Suitland, Maryle	(County) (Stote)
VR A15 (4), 30M REV (1/84.)	24. Ž	FUNERAL DIRECTOR Wilhel 308 Suitland Rd	m Funeral Homes . SE, Suitland	DRESS 250. F Maryland DATE	REC'D BY REGISTRAR 25b. REGISTRAR'S AUG 2 0 1968 2016	SIGNATURE Quidan



1 1 <sup>3</sup>	Items 18&19 F:	ilm 404 9-1	CIMAKITAND 2	W. PRESTON STREET, BA	HEALIH	VIAND 21201		
	11960	DIVISION OF VI		TIFICATE OF DEATH		1 DARD 2 1201	m = 200	8
Ī	DECEASED NAME F (Type or print)	irst	Mrddle	Lost	20. DATE OF		X	2b. HOUR P
L		Gladys	Α.	Jackson	Aug.	Month 29, Doy		11:45m
3.	SEX	4. RACE		5. DATE OF BIRTH		6, AGE (In years last birthday)	MONTHS BAYS	IF UNDER 24 HRS.
Ļ	Female	Negro	cothizone I a	June 1, 1		61 YRS.		
	a. BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT	Λ	ARRIED NEVER MARRIED DOWED DIVORCED	9. COUNTY OF			
11	CITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INSTITUT	ON (If not an haspital 12a II	Prince SHAL OCCUPATION	George's Kind of work dane	12b KIND OF B	Md Md
. I	Cheverly	give stree	et address)	1 Hospital during	most of working l	fe, even if retired)	INDUSTRY	DJIIEJJ OK
13	Bo USUAL RES DENCE (Where de-	cosed lived. f institution:	Residence before 113c	CITY OR TOWN 13d. INSIDE C	TY LIMITS? 13e. STR	EET AND NUMBER		
01	dmission) STATE	Prince G	eorge's C	linton YES	NO 🗌			
14	FATHER'S NAME FIRST	Middle	Lost	IS. MOTHER'S MAIDEN NAM		M∍ddle		Lost
-	Unk	nown			10WM			
ľ	6a. WAS DECEASED EVER IN at S. Yes, no, ar unknown)   (11 yes g	Ne wat or dates of service)	SOCIAL SECURITY NO	17. INFORMANT	1/2,,,,,	Dy Address	Rd	mil
-	18. CAUSE OF DEATH (Enter		(-) (-) (-)	1111011/4511/6	104114	1strand		ATE INTERVAL
	PART 1. DEATH WAS CA	USED BY:	20 000	///. + Car	diac arr	est		onths
ı	1830 IMM	EDIATE CAUSE (o)	CONSEQUENCE OF		/7 -	1		
L	Canditions, if any, which go	ve)	/)(	Eguero Ede	Leel	ld	2 mon	ths
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	last			arcinoma of ov			6 mon	ths
L		conditions contributing philis & ol		LATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN	IN PART 1(o)		
-	9g DATE OF OPERATION	9b. CONDITION FOR WHICH		AFD 20p. AUTOPSY?	206 15	YES, WERE FINDINGS O	ONSIDEDED IN CER	TIEVING
I	21		of tumor	rable) YES NO		OF DEATH?	ORSIDENCE IN (L)	(11140)
1465	210 ACCIDENT WAS UNDER	YING 216 TIME OF IN		21c HOW INJURY OCCURRED (E		r in Port 1 or Port 2,	Item (8)	
3	G GR COMTRIBUTING CAUSE OF CAUSE OF CHIEF CONTRIBUTING CAUSE OF CA	DEATH HOUR A.M. A	Aonth Doy Yeor	,				
1		PLACE OF INJURY (AT		21f LOCATION Street or R.F.D	No City	or Town	County	Stote
	ot work of work							
	220. I certify that (3)	(this hospital) ottend	ed the deceased fr	am. Aug. 5 , 19 B., and that in (mic) (our) ofter death	68, ta A	1g 29 , 19	68_, that	coc (we) last
	causes stated ob	ove, 🗱 (we) (did)🗱	NSS view the body	after deoth	opinion death o	cconed on the do	ne ona noof o	nd nom me
	22b SIGNATURE	10		ATTENDING -	MFD	STAFE 22c	DATE SIGNED	
	melanina	a Baras	Jan	DEGREE PHYS. L.	DIRECTOR L	PHYS XXX A	ug. 30,	1968
	22d. PHYŠICIAN'S NAME (Type) Moh	ammad Barar	sani. M. D.	22e. ADDRESS Prince Ge	orge <sup>†</sup> s G	eneral Hos	nital.Cl	never1v
2		Shy DATE		TERY-OR CREMATORY		(City or Town)		any land
1	DEPLOTED (1)	ept.4,1968	Union 7	3 that Ch Con	1. Brean	dervine !	P1. You.	md.
2	4. FUNERAL DIRECTOR	/- '	ADDRESS		D BY REGISTRAR	2Sb REGISTRAR'S	SIGNATURE	
	Tiaderi 1	HET THE		DATES	P 6 196	38 gClian	and have	





DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) Ruth D. Johnson 10 AM 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last buthday) 7-5-02 White Female 66 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED .≘ N. Carolina USA WIDOWED XXX DIVORCED Prince George's filled i 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR Hosp. Holsewife give street oddress) INDUSTRY Leland Memorial Riverdale Eugene llome tomple 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN Ç 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER The law requires that the death certificate be executed Prince George's College Pk. AEZKXNO [\_\_ #330 Hartwick Rd. ove Apt. 415 buriol, cremotion, or removal, and in any rem 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last ond Alfred Henrietta Peall H. Daly physician nen pleose 16b. SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) 217-36-8339 Patient and medical records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 12 hours Cardiac arrhythmias IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ! Acute myocardial infarction signed by the buriol-tronsit 3 days rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate hos been be detached for use as the State Dept. of Haalth prior to 4211 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NOXXXX YES [ be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TO HOSPITAL OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. 21d INJURY OCCURRED City or Town Stote County While Not while at wark 22a. I **certify** that (I) (this haspital) attended the deceased from 8-17-58, 19, 19, 1a 8-20-68, 19 saw the deceased alive an 8-20-68, 19, and that in (my) (aur) apinion death accurred an the deceased from 8-17-58. and that in (my) (aur) apinian death accurred an the date and haur and fram the director, poge 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR STAFF DEGREE 5 Willeum PHYS PHYS. 27e ADDRESS 4404 Queensbury Road, Riverdale, Md. 22d. PHYSICIAN'S NAME (Type) C. J. Houmann, M. D. 23a. BUR AL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVA (Specify) Colmar Manor. Pro Geo Md. Aug 22, 1968 Ft Lincoln Cemetery 24 FUNERAL DIRECTOR F. Gasch's Sons 30M REV. 1/68 Hyattsville, Md.



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10		11963	DIVISION	OF VITAL RECORDS,			MORE, MARYL	AND 21201		
and the second s					CERTIFICA	TE OF DEATH			11971	
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fer fer	3. SE	X Femilo	4 RACE	10	S.	DATE OF BIRTH		AGE (In years	#F JNDER I YEAR IF UNDER	24 HRS
	L	Temato		COM CASIAN			11	st birthday) YRS.	MONTHS S	MIN
	.7o. l	IRTHPLACE (State or foreign	7b. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED	INVERTINATION	9. COUNTY OF DEA			
illed in papers.	_	TA EM JOLY OF		45A.	WIDOWED 🗹	<u> </u>		Prince	George.	Md
Fill Bin	10. 0	TY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS		I Ausing ma	L OCCUPATION (Kin ist af watking life,	d at work done even if retired )	12b. KIND OF BUSINESS	5 OR
wit rely rbor r, wi	120	USUAL RES DENCE (Where dece		Hyan	13c. CITY OR TO	1 VSI & G AFRAMP	GOU. H	AND NUMBER	Buin	iess.
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate. Be executed within 24 hours ofter death. Poge 4 may be retained by the hospital or attending physicion.  FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in Frine funeral director, page 3 should be detacted for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	odm	ssion) STATE Marky Lay			Hya Hau		650		Avo.	
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the operation		Canditions, if any, which gove		OR AS A CONSEQUENCE OF	1-1	u + 1			U	
nat i J. y th insit		rse to immediate cause (a)	(b)	OR AS A CONSEQUENCE OF	4,244	HV [CV.O JClo	1651 J.		JERKS.	
equires that the deoth ce physicion. signed by the ottending buriol-transit permit. The		stating the underlying cause last.	(4)	Asp.						
turio urio		PART 2 OTHER SIGNIFICANT O	ONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE OR CO	ONDITION GIVEN IN	PART I(o)		
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low endi s be os ti	E S	19a. DATE OF OPERATION 19	b. CONDITION FO	R WHICH OPERATION WAS PE	RFORMED	20g. AUTOPSY?	20b IF YES		ONSIDERED IN CERTIFYIN	G
The att hos	CERTIFICATION					YES NO				
AN: al or cate for t		21 a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI		ME OF INJURY A.M. Manth Day Year	21c. HOW	INJURY OCCURRED (Enter	nature of in-ary in	Part 1 or Part 2, 1	tem 18)	
SICI spit ertifi ed d	MEDICAL	(If either, natify medical exar	niner)	P.M.		700 C	C . T			C1-1
OR ATTENDING PHYSICIAN: The low requires that the deoth cert be retained by the hospital or attending physician.  SIRECTOR: After this certificate hos been signed by the ortending phe 3 should be detached for use os the buriol-transit permit. Then ed with the State Dept of Health prior to buriol, cremation, or remove	_	21d. iN, LRY OCCURRED 21 While Nat while at wark	e. PLACE OF INJ	URY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	211, LOCA	IION Street of KTD No.	City or T	own	County S	Stote
NG y th er th e de ate		220. I certify that (!) (!	his hospital)	attended the decease	ed from .	April , 196		4. 21 19	//, that (I) (w	ve) lost
NDIII Id bii Id bii Id bii Ie St		saw the deceased	alive on	Aug. 21	9_65 and t	hof in (my) (our) opin	nion death accu	rred on the do	e and hour and fro	om the
TOR Hould		couses stoted abo	ve, (I) (we) (	did) (did not) view the	body after de	oth.	/	00. 0	ATE CIONED	
REC 3 SE		220 SIGNATURE	6	6	DEGREE	ATTENDING ME	ED ST RECTOR PH	AFF   22C. L	DATE SIGNED	,
AL C		22d PHYSICIAN S	Rn . Ha	ary Wolfe	7	22e ADDRESS 10/0/	KECTOR - FI	4	C & H	2
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept of Health prior to buriol, cre			90 G	. Gyzziemi		10101	Cargio	AVD -1	2. 2., 10	6 0
HOS FUN Poult	23a.	BURIAL, CREMATION, 23E	DATE		CEMETERY OR CR		23d LOCATION (C		(County) (State	e)
55 5 g g		7	/24/19		Hill	Cometery		ind, Har		
VR A15 (4) 30M REV. 1/68	24	funeral director alley's Fut	laral	ADDRESS Home Mt. R	ดว่าว่อท	250 RECD BY		2Sb REGISTRAR S	SIGNATURE THE QUELLE	
30M KE #. 1/08	1 .	CTTON O THE	10101	TTOYITO TITO 8 IF	T () I ( ) ( )	3 TATOO P DATE MUSIC	2 A N 100	U A	THE RESERVE	



	_	- 1	MARTLAND STATE DEPARTMENT OF HEALTH
1		- 1	11964 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1			CERTIFICATE OF DEATH
1	= (AA)	l li	DECEASED NAME First Middle Last 2a DATE OF DEATH 2b. HOUR_
	章 首章		(Type or print) ADAM KAUFHANN AUGMonth Doy, 50 People of M
	p	13	SEX   4. RACE   S DATE OF BIRTH   6. AGE (In years   16 UNDER 1 YEAR   IF UNDER 24 MFS.
	s after d the fune ages 1 a		Inst hythrony) MANUTES DAYS HOURS MA
	rrs or the Page		DISTRIBUTE (A. ) IN ASSESSED OF WHITE CONTROLLED IN
4	haurs in by ers Po	-1	B BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH
	d 11 per 72		(berman) (1) A. WIDOWED I Prince George's County Clintoned
	rin 24 filled pape thin 77	1	I. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital CCUPATION (Kind) of work done 112b Kind of Rusiness or
	requires that the death certificate be executed within 24 haurs after death physician.  I signed by the attending physician and amplitude filled in by the funeral signed by the attending physician and amplitude of the please temans of the please temporary of the plea		Clipton, Maryland Roe Diew Rardens during most of working life, even if retired) INDUSTRY
		Į į	IG USUAL RESIDENCE (Where deceased lived, if institution: Residence balone 1/3c CITY OR TOWN 13d INSIDE CITY UMITS? 1/3e STREET AND NUMBER
		6	maryland Prince georges (XOn Hill YES DO NO 434 Kenne bec St.
	execution of the control of the cont	ŀ	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME FIRSTY Middle Last
	e 5 e c		h //
	ase nd	- 1-	SO, WAS DECEASED EVER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO 17 INFORMANT Address OFWINFILL ME
	icat Sici		Yes, no, or unknown) (If yes give war ar dates at service)
	ph)	-	197-01-2407A Crica Township of 184-Rolph On SE APPROXIMATE INTERVAL
	e Tra	- 1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY
	eaff endi- nit.		MMEDIATE (AUSE (a) Resperatore Corresponding)
	affe		DUE TO, OR AS A CONSEQUENCE OF
	# # # # # # # # # # # # # # # # # # #	ı	(anditions, tany, which gove) to acuto conserve Heart Facture 3001N,
	n. n. sy t ans	- 1	rise to immediate cause (a), storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	se t scio scio scio t-i	- 1	lost + (1) ASCVD WILL alreel Floridation & 1 1005.
	physician physician signed by burial-tra	- 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TELAHAM CHEEKE ON CONSISTION GIVEN IN FART TIG
	req g p n sign		Besis Pratation of months of sent lessures
	din din th art		190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The law re attending has been se as the h priar ta		CAUSES OF DEATHER
	r a r a r a r a r a r a r a r a r a r a	~	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO-5Y2 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATE.  210 ACCIDENT WAS JNDERLYING 216 TIME OF INLERY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
	AN Part of the Heart of the Hea		
	Dig to be	- 1	title ther note for the devolution of the property of the prop
	PHYSICIAN e haspital his certifica	- 1	21d NURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f EOCATION Street of RFD No. City or fown County State
	by the haspital by the haspital free this certificate be detached faster by State Dept. at H.		PACINO VIANO
	TENDING ined by 16 OR: After auld be d the State		22a. I certify that (this haspital) attended the deceased from
	ND Sd L		saw the deceased alive an1968, and that in (===) (aur) apinion death accurred on the date and haur and from the
4	E S S E		
	With the Party of		22b SIGNAFFRE 22c. DATE SIGNED 22c. DATE SIGNED
	OR DIRE		CHILLIA STERLES HIMPORRE PHYS I DIRECTOR II PHYS I 6/1/16X
	rat may may pag e fi	1	122d PHYSICIAN'S NAME (Type) APTHING SHAUED STRUM SOME PROMISES APPRICAL ALLE
	SPI 4 m 4 m Gr, d b	′ [	MANUEL SHAVER SICHNEY AND SOUR BICHNEY AVE, CLUIN ION, AD
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician.  TO FUNDEMAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please should be filled with the State Dept. of Health priar to burial, cremation, or removal, and in		BO BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (Stote)
	5 5 5 p to		-REMOVAL Specify Aug. 3-1968 Color Hill Constant Shitland Son Jand
	VR A15 (4) 30M REV 1/2		4. FUNERAL DIRECTOR SITE OF B POB ADDRESS 250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	30M REV 1/8	HOL	Jummons Bros 1661 Swood Hope ad & AUG 5 1968 Charles Judge
		2 / 10 10	





My Xinn	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		11966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	174
HEALTH DEPT.	1 0	DECEASED NAME First Middle Lost 20. DATE KNOWN Month D  OF FSTI.	oy Yeor 2b HOUR
ss of of	L	Harry Klion DEATH MATED & 8-26-4	68 112:05am
Pa Pa	3 5		2d HOUR
any deloy is 2, and 3 ta PM3 Page	I	Tale White 4-12-1903 65 YRS. MONTHS DAYS HOURS MIN Months 26	68 19 1: 05am M
12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED XNEVER MARRIED 9. COUNTY OF DEATH	
fra fra (M)	1000	Russia U.S.A. WIDOWED TO DIVORCED Prince George's	Md
fer death any detay Give Pages 1, 2, and 3 Agg with form PM3 Pag the Syste Department th.	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12	TO KIND OF BUSINESS OR
the de	10	Cheverly Prince George Hospital Window Displays	DUSTRY
offer day with the deoth.	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 30 CITY OR TOWN 130 INSIDE (ITY JMTS? 173e STREET AND NUMBER	
S City	Md	downssion) STATE 13b COUNTY P.G. Bladensburg YES NO [] 5207 Upshur	St.,
After of the stand	14, 1	FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle	Lost
This certificate should be executed within 24 hours ofter death ficate, writing the word "pending" in pencil in Item 18. Give Page be forworded to the Chief Medical Examiner's Office along with debe used as a burial-transit permit. File pages lond 2 with the Stator removal, and in any event within 72 hours after death.		Gertrude	
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
with 1 pen Exam File p	1	Yes, no, or unknown) (If yes give was or dates of service) Mrs. Lois Klion, 5207 Upshur	St.
Para Era		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
rail with	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure	minutes
Med Med nt v		DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	over 15 yrs.
be "pe "pe insi	1	Conditions, if any, which gave	
bed of the last of		rise to immediate cause (a), (b) stoting the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
te should be executed the word "pending" i I to the Chief Medical a burial-transit permit. nd in any event withir		last.	
a b a b and a c		PART 2. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)	
fire fing rder o. Jo	2	Diabetes mellitus - over 15 yrs.  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	
wrij wrij rwo rwo sed	ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
ite.	CERTIFICATION	WAS PERFORMED?	YES THE REST
		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 1216 TIME OF INJURY Month, Doy, Year PORT 2, Item	18.)
cent could out es.	D CAL	CAUSE OF DEATH P.M. 19	
bical Examiner: se execute the certi cror. Page 4 should ned for your files. ECTOR: Page 3 shou s buriol, cremation,	MED		County Stole
XAI ge 7 oge cre		WHILE AT WORK AT WORK Factory, office building, etc.)	
Page Page (Co.)		22a. I certify that I took charge of the remains described obave, held an Autopsy . Inspection 3, Inquiry .	and in my opinion
Ed to the part of		death resulted fram: Natural causes 🔀 , /Accident 🚺 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	]
pleose directs retained or to b		CHIEF MEDICAL EXAMINER	
al o lo		ACTUAL SIGNATURE AND ASS STANT MEDICAL EXAMINER 226 DATE SIGNATURE	
EPUTY DICA sssory, pleose ex funeral director. oy be retained in INERAL DIRECTO		EXMONITER 3	-26-68
o DEPUTY necessory, the funera 5 may be 0 FUNERA! Health pr		MAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
07 g & ~ 07 H	230	Action to the first terms of the	ounty) (State)
		p. 1 / 0/21/00 king David Mem. Garden   Fails Churc	h, Va.
VD 43545 [61	1	JOUL 14th St.   AIR 20 1988 William	NATURE
VR A15ME (5) 10M REV 1/68	Be	rnard han Zdilsky & Solis Washington, D.C. Part	as Justin
		20010	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME 20. DATE OF DEATH First Middle Last be executed within 24 hours ofter death (Type or poot) DOPA MAY 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lest\_birthdoy) 7e BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [ NEVER MARRIED] Prince George WIDOWED 1-7-DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give-street address) during mast of warking life, even if retired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 134 CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY-NO remove 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last Lost Wright John 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address certificate Yes, no, or unknown) signed by the attending physical burial-tronsit permit. Then ple burial, cremation, or removal, Ingine L. Kunts 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFAT Cormaty IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Athero seles ofic Cardio Vanuelay dunase Conditions, if any, which gove ) rise to immediate cause (o). DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse 0001 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/TELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been of Heolth prior to / Car cinma 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES NO. ZXX 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not fy medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark of wark 22a. I certify that (I) (this hospital) attended the deceased from fully 2/, 1962, ta say 22, 1968, that (I) (we) lost saw the deceased glive an 344 27 1968, and that in (my) (aur) apinion deoth occurred an the date and hour and from the Poge 4 may be retained director, page 3 should should be filed with the couses stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR DEGREE 22d PHYSICIAN S NAME (Type) Forest Hahts Md 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BUR AL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify) Suitland Cemetery 25a. REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 26 30M REV 1/68



	ı			MARYLAND STAT						
	119	68	DIVISION OF VITAL		ICATE OF D		RE, MARYLAND 2	1201	7 1 77	6
£ /=S£	1 DECEASED-NAME	First		Middle	last	20.	DATE OF DEATH			2b. HOUR
24 hours ofter death in by the furnal pers. Page 152 death	(Type or print)	Ella	ı M	LaB	rosse		Menth 8	6 29	2 Year Ot	10:09a
草/宝子草	3. SEX		4 RACE		S. DATE OF BIRTH		6. AGE (In			JNDER 24 HRS
s of	femal		White		6/3/0		lost Nitho	YRS.	113	NIN NIN
by the S. Page	70. BIRTHPLACE (Sto		76 CITIZEN OF WHAT COU	(49946/4/1	D 🔲 NEVER MARRIE	I D	UNTY OF DEATH			
24 h	New Yor		USA	WIDOWI			rince Ge			M d.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execeted within 24 leage 4 may be retained by the hospital or attending physician.  D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper should be filed with the State Dept of Health prior to buriol, cremotion, or removal, and in any event, within 72	no city or town o		give street and	ospitator institution ( dress) and Memor		duung mast of	UPATION (Kind of wa warking life, even if IAKET	retired.)	26 KIND OF BU NDUSTRY	SINESS OR
1 建黄金	13a. USWAL RESIDEN		d lived, if institution: Resi		OR TOWN 13d	1. UNSIDE CITY LIMITS?	13e STREET AND NU			
complete com	odmission) STATE Mary	land	Prince	George Hy	attsvilj	NO 🗆	3809 0	letho	rne S	treet
ond core	14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAID	EN NAME First		Middle		Last
Pe or right		Willia	m P Line	Dulaney		Aug	gustala	Sc	ott	
ertificote b physician sen please iovol, and i	16a. WAS DECEASED Yes, no, or unkno		ED FORCES 166 50		INFORMANT			lddress		
ohys	no no	(" ) 3.14 "V			Hospital	record	Riverda	le, l	id.	
he death cer attending p permit. The	1B. CAUSE OF	DEATH (Enter one	one couse per line for (o	), (b), and (c).)	1	dru.		10	APPROXIMAT BETWEEN ONSE	E INTERVAL I AND DEATH
eath endi	PAKE I. D	EATH WAS CAUSED IMMEDIA	TE CAUSE (a) Mit	states	Corcer	coma.	- genro	unci		
ath per jon,	174	Χ	DUE TO, OR AS A COM	SEQUENCE OF		1	0 -			
the the mot	Conditions, it o	ony, which gave ) note couse (α), (	(b)	andens-	ma o	of bree	cast			
ian.	stating the wi	derlying couse	DUE TO, OR AS A COM	ISEQUENCE OF	/					
equires that the physician. signed by the buriol, cremotic		SICNIEICANT CON	(c)	DEATH BUT NOT DELATER	TO THE TERMINAL D	TIGHT OF TOUR	TON CIVEN IN DART IV	-1		
The law requires the attending physician. has been signed by se as the buriol-troith prior to buriol, cre	170 Y	SIGNIFICANT CON	JIIIONS CONTRIBUTING TO	DEATH BOT NOT KEEKIEL	TO THE TERMINAL D	NJENJE OKTONDIS	ION GIATH IN LWK! II	uj		
adin beel beel or t	19g, DATE OF O	PERATION, 19b. C	ONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY	γ?	20b IF YES, WERE F	INDINGS CONSI	DERED IN CERT	TEYING
AN: The la al or atten icote has b for use os Health prio	19a. DATE OF OF OF ON ALCOHOLING	68 0	wen man O	Buck	YES	NO 🗍	CAUSES OF DEATH?			
N: T or or or r syle l		WAS UNDERLYING		210	_	44.4	re af injury in Part 1 c	or Part 2, Item	18.)	
CIA iffice if all figures of the circumstance	(If either, notil	NG CAUSE OF DEATH  y medical examin	HOUR A.M. Month	Day Year						
ATTENDING PHYSICIAN: The law requires that the death certificate be executed with stained by the hospital or attending physician.  CTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the buriol-transit permit. Then please remove carbon ith the State Dept of Health prior to buriol, cremotion, or removal, and in any event, with		CCURRED 21a	PLACE OF INJURY (AT HOME	FARM STREET, FACTORY,) 21f	LOCATION Street o	or R.F.D. No.	City or Town	Co	ounty	State
the this deto	While Not	work							/	
by 1 of the control of the control o	22a. I certi	fy that (I) (thi	s haspital) attended	the deceased from	3-9	, 19.68	ta 8-29	, 19 <u>/</u> ,	Z, that (I	) (we) last
END ned uld the s	saw th	e deceased al	ive an * & * did) (did no	Niew the hady after	ind that in (my) er death	(aur) apinion	death accurred a	n the date a	nd havr an	d tram the
OR ATTENE be retained DIRECTOR: A ge 3 should led with the	22b. SIGNATUR		7	7 11011 1110 0007 0.1.				22c. DATE	SIGNED	
OR JEE		D. A.	Sund	il Mhio	GREE PHYS	MED	OR D STAFF	] Au,	g 29,	1968
Page 4 may be refained  O FUNERAL DIRECTOR: director, page 3 should should be filed with the	22d. PHYSICIAI NAME (Ty		Purdie	,	22e ADDRES	spital	<sup>K</sup> iverdale	Md.		
NER TOTAL				MANUE OF STREET						151
O HOSPITAL Page 4 moy O FUNERAL I director, page should be fil	230 BURIAL, CREMA REMOVAL (Spec	ify)		Sc. NAME OF CEMETERY  Ft Lincoln			Colmar Mar			(State) Md.
5-5 W	Buria 24 FUNERAL DIRECT		31, 1968	ADDRESS	25	So. REC D BY REG		GISTRAR 5 SIGN		
30M REV. 1/88			sch's Sons	Hyattsvill	. 3/3	DATE SEP	3 1968	fales	res for	dige.

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	11969 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	· nny
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 1 1
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Doy Year 2b. HOJR
/	(Type or Print)  Audrey  Joan  Lampkin  OF EST  DEATH MATED X 8-29	-68 19 8:43pm
at Page	Audrey Joan Lampkin DEATH MATED X 8-29  3 SEX 4 RACE   S DATE OF BIRTH   6 AGE (IN MOORS ) IF UNDER 14 RES   2c DATE PRONOUNCED DEAD	20 HOUR
( a ze e e	last barthday) MONTHS DAYS HOURS MIN. Month Day	V
PM3.		68°0199:42pm M
, 2 , 2	70 BIRTHPLACE (Store or fore go 7b citizen of what country? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Hages 1, 2, and 3 to the farm PM3. Page of the State Department of	Country) Mass. U.S.A. WIDOWED DIVORCED Prince George's	Md
Poges Wh for	EIU. CHT UK TUWN UP DEATH III NAME UP NOOMLAL UR INSTRUCTUN HI TOSPITOL II ZO USGA, UCCUPATION (AIPE DE WORK GONE 1.)	126 KIND OF BUSINESS OR
no ter death	Charrenter Prince Coones Hagnital Idousemite	ndustry home
F F Gove	130 USUAL RESIDENCE (Where deceased lived flaistitution, Residence before) 3c CTY OR TOWN 13d MSIDE CITY UM/IS7 [13e STREET AND NUMBER]	
with death	Maryland Brand wine x traffic Steer Resident VES X NO 12404 Harris	Drive
mm l free free		Lost
*AL EXAMINER: This certificate shauld be executed within 24 hours after deat execute the certificate, writing the ward "pending" in pencil in Item 18. Give Parar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with a for your files.  **TOR: Page 3 shauld be used as a burial-transit permit File pages land2 with the standard cremation, ar remayal, and in any event within 72 hours after death	Step-father XXXXX Educand XXXXXX Dorothy	(Unknown)
hin 24 ncil in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1240	
Pa Paris	(Yes, ng, or unknown) (If yes give wer or dates of service) 004-28-4459 Charles G. Lampkin Brandyws	14 Mozaro Dr.
f wit Exam File n 72		APPROXIMATE INTERVAL
ed in the land of	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
with with	, immidiate cause (a) nemorrhage and snock	
w w d ti	00E TO, OR AS A CONSEQUENCE OF Rupture of thoracic aorta	
be in prief	Canditions, if any, which gave (b) (b)	
Page 4-	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed with ward "pending" in perthe the Chief Medical Exanurial-transit permit File in any event within 72	(c)	
INER: This certificate shauld be executed a certificate, writing the ward "pending" is shauld be farwarded to the Chief Medical files. 3 shauld be used as a burial-transit permit nation, ar remaval, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ing ded ded	- 7120	
vrijt wor	195. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
farr farr	WAS PERFORMED?	YES TO NO [
This certific itate, writing be farwards as do be used as ar remayal,	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?  2.o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Itel	
	FRIMARY FOR CONTRIBUTING O COLUMN C 20 10 68 Podostnian struck by nick-up tm	
INER: shaul files. 3 shar	CAUSE OF DEATH    8:40pm 8-29- 19 68   Pedestrian Struck by pick-up tr	County State
KAMINER: te the certification, cremation,	AT WORK AT WORK DU.S.Rt. 301. North of Surrats Rd., Cheltenham, Prince Geo	coonly side
bical Examiner: se execute the certi se execute the certi sed for your files. ECTOR: Page 3 shaul a burial, cremation,	AT WORK LI AT WORK LOW. S. Rt. 301. North of Surrats Rd., Cheltennam, Frince Geo	
P. P	22a. I certify that I took charge of the remains described above, held on Autopsy 3d, Inspection 24, Inquiry	
Ed at a company of the company of th	death resulted fram: Notural causes 🗌 , Acident 🗷 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner (	
please directroneretaine	CHIEF MEDICAL EXAMINER	
Tale and the	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  22b. DATE S	IGNED
ER/	EXAMINER'S DEPUTY MEDICAL EXAMINER	8-30-68
o DEPUTY SICA necessary, please es the funeral director. 5 may be retained of funeral DIRECTOR. Health prior to bur	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
ro DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your of funeral DIRECTOR: Page Health prior to burial, crem	230 BURIA, CREMATION / 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
	REMOVA (Specty) / Sept. 3, 1968 9t. Lincoln Cenetery Bladensburg P.	tageo. Md.
	24 FUNERAL DIRECTOR	IGNATURE
VR A15ME (5)	Warner E. Pumphrey. Inc. 8434 Ga. Ave. Sil. Spr. Md. 9EP 5 1968 gcliente	4 Judge
10M REV 1768	marticle (. Transpired, Trasported day true, Dec. Dec. Dec. martin	0
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MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Rages I and 2 with after death. 1 DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b, HOUR TO Month 19, funeral (Type or print) Louis 12:45 Lantos Aug. 4 RACE SEX. S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years IF JNDER 1 YEAR last\_birthday) MONTHS | HOURS Male Caucasian January 27, 1892 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Hungary U. S. A. WIDOWED [ DIVORCED [ Prince George's requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during most of working life, even if retired.)
Self Employed JNDUSTRY in ony event, wit completely Cheverly Restaurant 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admiss on) STATE
Maryland Prince George's Silver Spre YES X NO 8500 New Hampshire Avenue 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Carl Lantos Bertha 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes no, or unknown) I (If yes give war or dates of service) 185-03-2085 Helen Lantos. Same as 13 APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) buriol, cremation, Conditions, if any, which gove rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AuT@PSY? CAUSES OF DEATH? NO XX detoched for use e Dept. of Heoith certificate ATTENDING PHYSICIAN: 21a ACC DENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) be detoched State Dept. o 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Tawn County State While Not while at wark director, page 3 should should be filed with the TO FUNERAL DIRECTOR: causes stated above, (1) street (d d) baidwort) view the bady after death. 22b SIGNATURE 22c DATE SIGNED DEGREE PHYS DIRECTOR PHYS 22e ADDRESS 22d. PHYS CIAN'S Ronald Fleischer, M. D. NAME (Type) 7411 Riggs Rd., Hyattsville, Md. 20783 23a BURIAL, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BUT Lal 8-20-1968 National Memorial Park Va. Falls Church ADDRESS 2Sa REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE VR A15 (4) AUG 22 1968 30M REV 1/68 Goldberg Funeral Home, 4217 9th Street N.W.

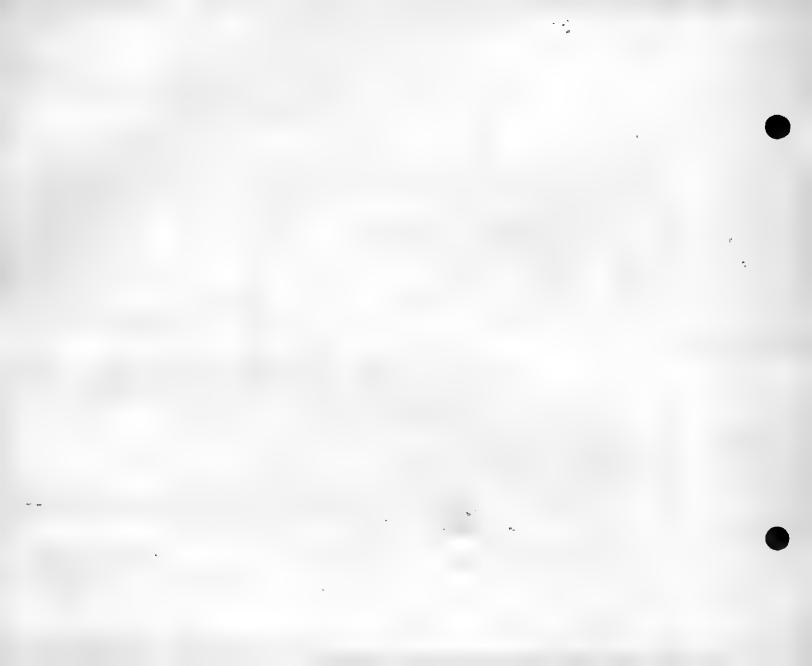


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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	G 8 0
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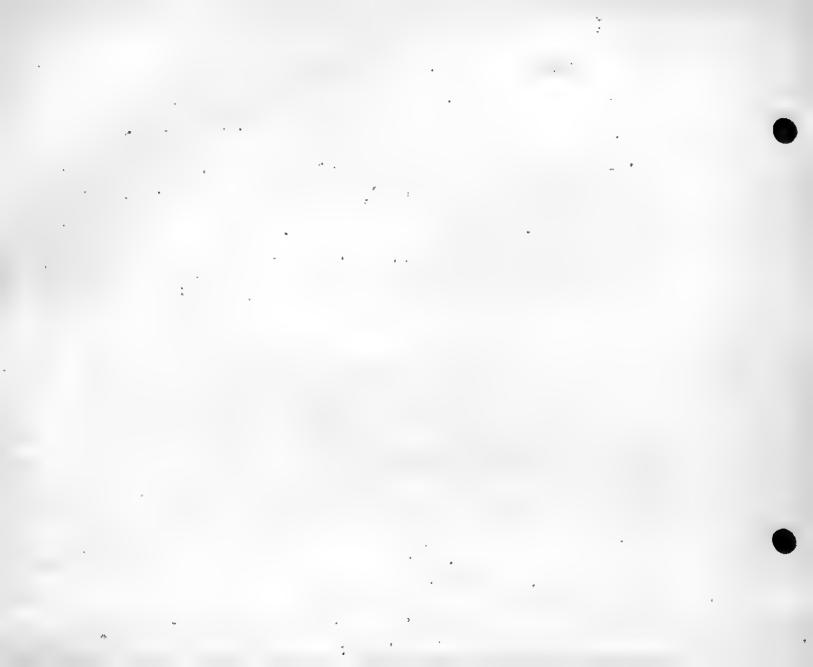
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		White Hat white	OFFIC	E OU LOING, ETC	J 215 LOCATION STEET	or R.F.D No	City of Town	County	2) (1) 6
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		22b SIGNATURE	SC	LAIRA	2 THE ATENDING	G MED.	STAFF Z	22/ DATE SIGNED	1/19
		22d. PHYSICIAN S	us or		HYS.	ESS 8808	2 PARAM	12/1/	115-
1		NAME (Type) AT RY	HUR SH	AVER.	TR. MD.	000	IN YDIN	145	
	23a	BURNAL, CREMATION, 236 (	DATE	23c NAME OF CEM	ETERY OR CREMATORY	23d	LOCATION (City or Jawn	(County)	(Stote)
	0	REMOVAL (Sphafy)	-19-1968	TORO	w Will	1	witland	An Elia	- md
0	24	FUNERAL DIRECTOR	12/1/-	ADDRESS		25a. REC'D BY REGI	1000 0 00	TRÀR 5 SIGNATURE	1
	1	1/Wellenberg	121-114	10-0	C. VICI	DATE AUG 1	9 1968 20	Marley &	mage.



1		11976 DIVISIO			DEPARTMENT OF STON STREET, BAL		LAND 21201			
FOR-STATE					CERTIFICATE			· .	284	
HEALTH DEPT.		CEASED NAME FIR		Middle	Lost		20 DATE KNOWN TO	Month Doy	Year	2b HOUR
~ 48 . X	(	ype or Print)	се	В	Lion		OF ESTI-	8-25-6	8 14:	14pm M
d d d d	3. SI	X 4. RACE	S. DATE OF BIRTH	6. AGE (In	years IF LNDER I YEAR day] MONTHS DAYS	F UNDER 24 HRS. HOURS M N.	2c DATE PRONOUNCED			2d HOUR
y de an artm		Female White	1-10-189		YRS		Month [	25 6	819 4:	14pmM
I, 2, m Depo		BIRTHPLACE (Stote or foreign	7b, CITIZEN OF WHAT C	OUNTRY? 8.	MARRIED NEVER M	_	UNTY OF DEATH			
es 1, form ke Do	L	PASHINGTON, DC	U.S.		44		rince Georg			Mo
Pages with for		ITY OR TOWN OF DEATH			TUTION (If not in hosp to	dur na most c	CCUPAT ON (Kind of world of working life, even if re	k done   125 Kli etired.)   INDuST	IND OF BUS! IRY	NESS OR
D 0 3 1 5 9 9	10.0	heverly		nce George		13d. NSIDE CTY LIMATS?	SEWIFE 13e STREET AND NUMB			
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hours tem 1 Office and 2		ATHER'S NAME First	Middle	lost	Landover I				lost	
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hin 24 ncl in niner's pages hmurs	160.	WAS DECEASED EVER IN U.S. ARMED		, SOCIAL SECURITY NO.	17 INFORMANT				(1	
d be executed within 24 d "pending" in pencil in Chief Medical Exominer's transit permit File pages y event within 72 h≡urs	(Y	es, no, or unknown) {II yes gw	e war or dates of service)	INKNOU'N	ALVIN E	'TION 3	Jairian	L'R,		
d w in F		1B. CAUSE OF DEATH (Enter o	nly one cause per line fo				7	T a	APPROX MATE ETWEEN ONSET.	INTERVAL AND DEATH
executed inding" ir Medical I i permit nt within		PART I. DEATH WAS CAUS	D BY ATE CAUSE (o) He	art failur	e				hrs.	
be executed "pending" in iief Medical E. Insit permit F event within		411	DUE TO, OR AS	A CONSEQUENCE OF A	rterioscle	rotic hea	rt dis <b>e</b> ase	0	ver l	yr.
be "p		Conditions, if only, which gove rise to immediate couse (a),	(b)							
should be to word "perion the Chief" burnol-transit		stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF						
she who the hours	1	lost.	(c)							
This certificate shoul tote, writing the worle be forwarded to the I be used as a buriol-		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE OR CONDITY	ON GIVEN IN PART 1(0)			
is certification, writing forwarded consequence used as cremoval, and	JION	190. DATE OF OPERATION	196	. CONDITION FOR WHIC	H OPERATION			72	20. AUTOPSY	?
his ce ote, v e for be us	CERTIFICATION			WAS PERFORMED?					YES 🔲	NO DE
= 2 =	CER	210 EXTERNAL CAUSE WAS	216 TIME OF INJU	IRY Month, Doy, Year	21c. HOW INJURY O	OCCURRED (Enter not	ure of injury in Port 1 or	Port 2, Item IB.)		
INER: The certification is should by files.  3 should lab. 3 should lab. ation, mr	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	19	* 3					
AMINER: the certification of the service of the ser	ME		PLACE OF INJURY (At he octory, office building, el	ome, form, street,	21f LOCATION Stree	t or R.F.D. No	City or Town	Cour	nty	Stote
X = 8 × 5 =		AT WORK AT WORK	1,							
CAL E executor. Por ed for CTOR: Fourial,		22a. I <b>certify</b> that I							and in m	y apinian
		death resulted fram.	Matural causes	🔼 , Accident [	, Suicide,	Hamicide	Undetermined m	nanner		
Ty blose e y, pleose e retained director AL DIRECT prior to bu		ACTUAL 1	14 V 1	P		HEF MEDICAL EXAMIN		226. DATE SIGNED		
NY, Ferol be r RAL Price		SIGNATURE	19/01	7	- M.D.	SSISTANT MEDICAL EX PUTY MEDICAL EXAM	Manual L.		26-68	
necessary, plane funeral of may be re constant of cons		EXAMINER'S NAME (Type)	ehoe MD Ri	verdale, h		DRESS(Street, city, to		0 ~		
TO DEPU necesso the fun 5 may 10 FUNE Health	230	90,111 111	DATE DATE		METERY OR CREMATORY		LOCATION (City or Town	m) ((ounty	(S)	tote)
60	12		UG-18,1968	S GEORGE L	LASHINGTON A	LEM PK	HYATTSVI		1	duA_
w)	24	FUNERAL DIRECTOR	0 4	ADDRESS	160	250. REC'D BY RE	/	GISTRAR'S SIGNATU	URE	
VR A15ME (5) 10M REV 1768		N. W. CHAMBI	RS (00. N	IVERDAL	FILE	DATE SEP	3 1968	Charle	1 Just	C.C.







	1	4 4 0 199 B		AD STATE DEPARTMENT OF		
		11979		, 301 W. PRESTON STREET, BACERTIFICATE OF DEAT		: 284
	1.0	CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	25. HOUR A
after death he further after death		ype or print) EDWAR		MAHALICK	AUG Month 15	Day 196 8: 22 M
5 2 - E	3 51	X	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
- 0 V	L	MALE	CAU	18 Dec 1		RS. MONTHS DAYS HOURS MIN.
3 3 2		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
had in 5 papers. Frou	_	Pa.	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGE	mig.
ithiy on pa withun	1	DREWS AFB	11. NAME OF HOSPITAL OR II give street address)	NSTITUTION (If not in hospital 120 USAF HOSP	JSUAL OCCUPATION (Kind of work do a mast of working life, even if retired	12b KIND OF BUSINESS OR INDUSTRY USAF
J w letelearby			ed fived, if institution Residence before	13 CATA OR TOWN 13d. INSIDE C	TY JIMITS? 13e STREET AND NUMBER	USAL
cecuted with campletely nave carban ny event, wit	adm	ssidn) STATE MD	PRINCE GEORGE	1 CAPE	NO□ 7915 Carsv	vell Dr.
be executed and control in any	14, 1	TATHER'S NAME First JOSEPH	Middle Last MAHAL	ICK Unk	NE First Middle	Lost
Page 4 may be retained by the haspital ar attending physician.  Funeral Directors: After this certificate has been signed by the attending physician and campletely filted in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper should be filted with the State Dept of Health prior to burial, cremation, or remaval, and in any event, within 72	16a	WAS DECEASED EVER IN U.S. ARM YES Junknown) (11 yes give wi	ED FORCES? or or dates of service) 16b. SOCIAL SECURITY 2021613		Address A. MAHALICK SAN	
cert a pt hen hen	F	IR CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b), and (c			APPROXIMATE INTERVAL
he death ce t attending i permit. Th		PART I. DEATH WAS CAUSED	BY.	en Donly	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BETWEEN ONSET AND DEATH
dec rimi		MMEDIA	DUE TO, OR AS A CONSEQUENCE OF	110	100	7
the a	ł	Canditions, if ony, which gave)	DUE TO, OK AS A CONSEQUENCE OF	The Mee ment	il delasas	Cin
insimal	1	rise to immediate couse (a), (	(b) As A construence of	- Je 30 - Ze 3	an Apploper	-0.5
The law requires that that that the standing physician. has been signed by the se as the burial-transit in priar to burial, cremating.		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		. ()	
phy phy sign buri		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(0)	
ing ing sen he	No.	4201				
Fay end s be as 1 as 1	3	190 DATE OF OPERATION 19b. (	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200. AUTOPSY?	20b IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
The art	CERTIFICAT.			_	□ no	
YSICIAN: aspital ar certificate hed for u		21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH			inter nature of injury in Part I or Part	2, frem 18.)
District Party of the Control of the	MEDICAL	(If either, natify medical examin	er) P.M.	19		
ATTENDING PHYSICIAN: stained by the haspital arCTOR: After this certificate should be detached faruth the State Dept of Health	~	While Nat while		ACTORY.) 21f LOCATION Street or R.F.D.		County State
ING by 1 fter state		220. I certify the (t) (thi	s hospital) attended the decea	sed from 15 Aug , 1968 and that in (my (aur) body offer death.	9 <u>68</u> , ta_15 Aug.,	19 <u>68</u> , that (% (we) lost
END ed ed he S		sow the developed all	ive on 15Aug	The stand that in (my) (aur)	apinian death accurred an the	dote and hour and from the
The part of the pa	1	22b 5 CHASHIRE	(i) (we) (did) (sid fidi) view ine	BOUY ONE GEOM.	1 2	P2c DATE SIGNED
OR ATTENI be retained DIRECTOR: A ed 3 should ed with the		XX all		DEGREE PHYS.	MED STAFE	15 Aug 68
AL ON PAL O	-	72d. PHYSICIAN S	marco	22e. ADDRESS		
SPIT. 4 md 4ERA Idr. p		GEORGE E.	CIMOCHOWSKI, M	.D. MALCOI	M GROW USAFH	<u> </u>
Page 4 may be retained by the hor FUNERAL DIRECTOR: After this director, page 3 shauld be detac should be filled with the State Dep	230	BUR AL CHEMAT ON, 23b I	Arlir	r Cemetery or Crematory ngton Nat 1. Cem.	Arlington, Vin	cginia (Stote)
VR A15 (4)	24.	FUNERAL DIRECTOR Wilhel	m Funeral Homeodres	S 2So REC	1.0	AR S SIGNATURE
30M REV. 1768	4	308 Suitland Ro	l., Suitland, Mary	yland DATE A	UG 27 1968 gcc	carlas Indae



12.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDO O MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived/ If Institution: Residence before admission) e. COUNTY 1/6. COUNTY e. STATE Prince George's Maryland MARYLAND Charles Department after death. the funeral b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) DOA Cheverly Welcome after d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? delay is and 3 to t S Prince George's General Hospital None YES NO 2, and PM3. NAME OF 3. Middle Last 4. DATE Month Year the 72 DECEASED (Type or print) DEATH Joseph Earl Marbury 19 68 August 2 with within 5. SEX 6. COLOR OR RACE ages I, 8. DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED THE NEVER MARRIED last birthday) Months | Days Hours Male WIDOWED | Negro DIVORCED [ July 17 1896 With 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Carles Carles during most of working life, even if retired) INDUSTRY COUNTRY? Mechanic - retired Pisgah, Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EXAMINER: This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item 1: nould be forwarded to the Chief Medical Examplar's Office, a William Henry Marbury Elricka Neal Marbury File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) permit. Yes World War II Norma Keys (daugther) Welcome, Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, or Congestive Heart Failure **DUE TO** Conditions, if any, which Coronary arteriosclerotic Heart disease Years (b) gave rise to immediate DUE TO (a), stating the underlying couse last. ed as burial 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CATI 20 NO I CERTIFI 9 5 EXTERNAL CAUSE WAS 20a. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | 3 should bagent, price CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. Not While at work at work 21. I certify that I took-charge of the remains described above, held an Autopsy xx should Inspection and in my opinion es. Natural causes Suicide Undetermined manner death résulted from: Homicide CHIEF MEDICAL EXAMINER YOUR DATE SIGNED SIGNATURE for FUNERAL Health o DEPUTY MEDICAL EXAMINER Prince George's General Ho NAME (Type) Cornelius J. Burns. retained Cheverly director BURIAL, CREMATION, LOCATION (City, town or county) REMOVAL (Specify) 0 28 40N FUNERAL DIRECTOR REC'D BY REGISTRAR HONK, T. ADDRESS 725b. REGISTRAR'S SIGNATURE DATE AUG VR A15ME N.W. 20011 3500 4-64



1-		11982	DIVISION OF VIT	AL RECORDS, 3	01 W. PRE		ALTIMORE,		1201	1120	()
- /		TTOOT		CI	ERTIFICA	TE OF DEAT	H			, "	43
r death. uneral 1. and 2 ar death.		CEASED NAME First  YPE or print) FLO	RENCE	Middle FERESA	MARCHI	lost TELL 1	2a. DA	ATE OF DEATH AUGUS Th	10 Day	1988	2b. HOUR
the fun	3. SI	X FEMALE	4 RACE CAU			DATE OF BIRTH  3 NOVEMBE	R 1927	6 AGE (In		F JNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HRS. HOJRS MIN
hours hours	70.	BIRTHPLACE (State or foreign PENNSYLVAN I A	76 CITIZEN OF WHAT C	OUNTRY?	MARRIED WIDOWED	NEVER MARRIED		TY OF DEATH			Md.
cored within 24 hours after death penpletely filled in by the funeral rive carban papes. Pages 1, and sevent, within 72 hoors after Beath		ITY OR TOWN OF DEATH	MATE OLD	PHOSPITAL OR INSTI	TUTION (If not in	PITAL	USUAL OCCUP	ATION (Kind of wa irking life, even if	rk done retired)	126 KIND OF E	SUSINESS OR
wholete we carb	13a adm	USUAL RESIDENCE (Where deceasesion) STATE TACHIKAW	ed lived, if institution, if A IMI RUNBASE	Res dence before JAPAN	13c CITY OR TO		CITY LIMITS? ]	3e STREET AND NU		7	-
and com	14.	ATHER S NAME First ALBERTO	(NMN) MAF	RCHITELLI	S I R	OTHER'S MA DEN NAM	AE First		Middle ARET	MARCH	last ITELLI
physician please aval, and is	16a.	WAS DECEASED EVER IN U.S. ARA  Y. EoSor unknown) (1 yes 9) 4 4	NED FORCES?  or or dates of sended  Clubs  36	SOCIAL SECURITY NO 50-32-844	Mrs.	RMANT (Mother)	March	itelli, A	が数 20 /onmoi	)2, 'e, Pa.	15618
by the haspital ar attending physician.  By the haspital ar attending physician.  After this certificate has been signed by the attending physician and contributed for use as the burial-transit permit. Then please remains State Dept. af Health priar ta burial, cremation, ar remayal, and in any		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA	y ane cause per line for DBY: JTE CAUSE (a)	(a), (b), and (c))		arceno	~_e~~	of neel	um	APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
at the d the ath nsit per matian,		Canditions, if any, which gave a rise to immediate cause (a),	DUE TO, OR AS A (b)			nator Whateler and the later of					
equires tha physician. signed by burial-tran burial, cren		stating the underlying cause last	DUE TO, OR AS A (								
The faw requires the attending physician, has been signed by se as the burial-tra h priar ta burial, cre	-	PART 2 OTHER SIGNIFICANT CON									
The law ratending attending has been se as the th priarta	CERTIFICATION		CONDITION FOR WHICH O	PERATION WAS PERF	ÖRMED	200 AUTOPSY?  YES 🔀 NO		20b. IF YES, WERE F CAUSES OF DEATH?	INDINGS CO	NSIDERED IN CEI	TIFYING
PHYSICIAN: The law he haspital ar attendin this certificate has been etached far use as the Dept. of Health priar t	DICAL CE	21a ACCIDENT WAS UNDERLYING CAUSE OF DEAT (If either, natify medical examin	HOUR A.M. Mc	JRY anth Day Year 19	21c. HOW	INJURY OCCURRED (	Enter nature o	of injury in Part 1 c	or Part 2, It	em 18)	
PHYSICIA he haspital this certific etached fa t Dept. af H		21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY ( AT HO		21f. LOCA	TION Street or R.F.D.	. Na.	City or Tawn		County	State
Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Heal		22a. I certify that (f) (the saw the deceased a causes stated abave	s haspital) attende live an	ngt) view the h	from 3 58, and the	mat in (## (aur)	9 6 , to apinian de	a <u>curred</u> a	<u>⇔</u> , 19€ n the dat	that e and havr o	(I) (we) last ind fram the
D HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22b. SIGNATURE	enton 5 A	ck	DEGREE	ATTENDING D	MED. DIRECTOR	STAFF PHYS	220 0	ATE SIGNED	1968
PITAL may be ERAL D		22d. PHYSICIAN'S NAME (Type) Capt.	Burton Sac	k, USAF,	MC	22e. ADDRESSMAL	COLM (	GROW USAF	HOSE 203		7/100
ro Hospital Page 4 may To Funeral I director, pag shauld be fil	23%	BUR AL CREMATION, 23b I REMOVAL (Specify)	DATE -/3-68	23c. NAME OF CE	METERY OR CR			OCATION (City or To		(County)	(State)
	24	FUNERAL DIRECTOR	/	ADDRESS	and a		AUG I	RAR 25b RE	GISTRAR'S S	IGNATURE	
VR A15 (4) 30M REV 1/68	20	V. W. Chambe	46. 517-	11-4	d.E.	DATE	AUG I	१ १५६४	fle	read for	del.

\* 4

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	11983 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 191
HEALTH DEPT.	DECEASED NAME First Middle Last 2a DATE KNOWN March	Day Year 2b HOUR
2	(Type or Print)  Jesse Willard Marshall  Of ESTI- DEATH MATED X. 8-15-	
and 3 ta and 3 ta M3 Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years if UNDER ) YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2d HOUR
a Bande	Male White 3-2-1915 53 YRS DAYS MOURS MIN Month 10gy	18'8 3:15pm M
ANTINE.	70 B RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(country) Va. USA W.DOWED ₩ DIVORCED Prince George's	Md
Poges Poges Satel	10 CETY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done	2b KIND OF BUSINESS OR
the the	One verify 11 Ince decige nospital	NDUURS GoVt.
s after 18. Gi	130. USUAL RESIDENCE (Where deceased lived, if not tution. Residence before 13c. CITY OR TOWN 13d 4RSIDENCE (Where deceased lived, if not tution. Residence before 13c. CITY OR TOWN	
urs o n 18. ce ol d 2 w	odmission) State   Bb (GUNTY   George's Boulevard Hgts 15 1 4907 Alton Str	
24 haurs in Item II is Office s Tand 2	4. FATHER S NAME Page Marshall Lost IS MOTHER S MA DEN NAME First Middle Fig. 1 Middle First Middle Fig. 1 Middle First Mi	Last
AL EXAMINER: This certificate shauld be executed within 24 haurs after death execute the certificate, writing the ward "pending" in pencil in Item 18. Give Page or. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along wind for your files.  TOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Staurial, cremation, ar remaval, and in any event within 72 haurs after death.	(Yes, no, or unknown)	dale Rd.
is certificate shauld be executed with te, writing the ward "pending" in performeded to the Chief Medical Exame used as a burial-transit permit. File remayal, and in any event within 72	iB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL
rufe fical fical vithi	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure	minutes
execundir Med Pel	DUE TO, OR AS A CONSEQUENCE OF Hypertensive cardio vascular disease	unknown
be "pe "pe nief ansil	Canditions, If any, which gave rise to immediate cause (a), (b)	
uld any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sha e w e w in t	last. (c)	
ate at the ad the and the and the and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
tific iting arde arde of as	Z f / C corpland	Landers
drw drw may	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This ficate be f d be arre	19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH  21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item CAUSE OF DEATH  21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item P.M. 19  21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item CAUSE OF DEATH  21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item CAUSE OF DEATH  21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item CAUSE OF DEATH  21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item CAUSE OF DEATH  21d. INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item CAUSE OF DEATH	YES 🔀 NO 🗌
*	PRIMARY OR CONTRIBUTING HOME A.M. PM 19	1 15.}
INER: This certificate writing to certificate, writing should be farwarder files. 3 should be used as nation, ar removal, a	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. C by or Town	Caunty State
DICAL EXAMINER: slease execute the certification. Page 4 should planted for your files. DIRECTOR: Page 3 should for ta burial, cremation, or ta burial, cremation,	WHILE NOT WHILE AT WORK AT WORK AT WORK	5,0,0
NL Execution Properties Comments of the Properties Comments of the Properties of the	220. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🔼, Inquiry 🔲,	ond in my opin on
DICA cror. cro. cro	death resulted from: Notyrol/couses, 🔀, Acrident 🗌, Suicide 🔲, Homicide 🔲, Undetermined monner	
B 1	ACTUAL CHIEF MEDICAL EXAMINER COL DAYS OF	
그 등등 트립 은	SIGNATURE	
DEPUTY DICA excessary, please enditured directors of funeral directors may be rationed FUNERAL DIRECT ealth prior to but	EXAMINER'S  DEPUTY MEDICAL EXAMINER X	8-18-68
necessory, the funer 5 may be 10 FUNERA PHEAITH P. Health P.	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)  23a BURIA, (REMATION, / 23b DATE   23c NAME OF CEMETERY OR CREMATORY   23d 10CAT ON (City or Town) (City or Town)	(5)-1.
5 - 1 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	REMOVAL (Specify)	County) (State) スマード
*	Primial / 8-20-68 Cedar Hill Gemetery 2,000 Sultiand Machine Conference / ADDRESS 250. RECT BY REGISTRARS SIGNARS SIGN	
VR A15ME (5)	Robert E Wilhelm /308 Switland Rd S E Alle and Add	No. Condan

y 1	1	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	.000
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1092
HEALTH DEPT.		ECEASED-NAME First Midd.e Last 2a. DATE KNOWN Month OF ESTI-	Doy Yeor 2b HOUR
any delay is 2, and 3 ta PM3. Page		Edith Martus DEATH MAYED □ 8-17	-68 19 8:40pm
Jelo 3. P	3. 5	ost brithday) MONTHS DAYS HOURS MIN. Month Day	2d HOUR
Par Par		Female   White   7-20-1953   15 YRS   8 17"  BIRTHPLACE (Stole or foreign   76 CHIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	68 19 8:40pmM
- E	COL		Md.
the feet	10. (	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital   120 USUAL OCCUPATION (Kind of work done	12b K ND OF BUSINESS OR
after death any delay is 8. Give Pages 1, 2, and 3 ta alang with farm PM3. Page with the \$tat			School
s after 18. Giv alang with death.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JMITS? 13e, STREET AND NUMBER	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	dmiss onl STATE   13b COUNTY	
d within 24 haurs a in pencil in Item 18. Examiner office al File pages Tand 2 w	14. 1	ATHERS NAME First Middle tost IS MOTHER'S MAIDEN NAME First Middle  John W Martus Edith M Hessler	Lost
miner 24 miner 24 miner 24 miner 24 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
with pencami cami le pr	0	es, no, or unknown) (fyes give wor or dones of service) none Edith M Martus University Hill	
red at Es		18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).) PART   DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding ding ledic verm		IMMEDIATE CAUSE (o) Laceration of brain	4 days
e e) pen ef M ef M		OUE TO, OR AS A CONSEQUENCE OF Trauma - bicycle accident  Conditions, if ony, which gove 1	
shauld be executed wife ward "pending" in per the Chief Medical Exarurial-transit permit. File in any event within 72		rise to immediate couse (a) (b)—  Stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed with the ward "pending" in peria the Chief Medical Exai burial-transit permit. File I in any event within 72		last. (c)	
ficate ing th ded 1 as a L, and	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certificate, writ should be farwar files. 3 should be used ashould be used and a should be used as shoul	CERTIFICATION	190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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ER: certifi auld les. shauld ian, o	MEDICAL (	216 EXTERNAL CALSE WAS PRIMARY TO COURSED (finite includes the part of the property of the part of the	191 10)
Sha sha file a sha file a sha file a sha natic	FF.	21d INJURY UCCURRED   21e PLACE OF INJURY (At home, form, street,   21f. LOCATION Street or R F D. No City or Town	County State
L EXAM Page 4 for your R:Page		WHILE NOT WHILE 6000y, office building, etc.)  AT WORK	Co.
AL EXA execute ir. Page i far yai TOR: Pag urial, cr		22o. I certify that I took charge of the remains described above, held on Autopsy, Inspection 🕱, Inquiry 🔲	
ry, please eyeral directar. be retained RAL DIRECTO priar ta bur		deoth resulted from: /Noturol couses   / Accident 🕱, Suicide   , Homicide   , Undetermined monner (	
please I director retained		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE S	tichen
EPUTY Sssary, I funeral ay be r NERAL		SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE STANDING EXAMINER	8-18-68
_ ಎ% ಕಪ್ ೧ ೪		NAME (Type John Kehoe MD Riverdale, Md. ADDRESS(Street, city town, or county)	
TO D nece the 5 m 5 m	23a	BUR AL CREMATION 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	74	REMOVAL (Specify)  Aug 20, 1968 Mt Olivet Cemetery Washington D. C	
VR A15ME (5)	64.	E Casable Sang Hyattevilla Md	•
10W KEY 1708	_	P. Gasen's Sons Hyactsville, Md. DATE AUG 9 2 1988 gelia	the Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED NAME First Middle 2g. DATE KNOWN Month Day Year 25 HOUR (Type or Print) **OF** ESTI-Poge Elmous Bur! McCrav DEATH MATED TO S-17-68 3 SEX A RACE AGE ( n years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD S DATE OF BIRTH 2d HOUR PM3 rast birthday) MONTHS Year 11:31ab Mala White 3-21-1905 YRS. Za. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED [ DIVORCED [ Va US A Prince George's West with the State 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USLA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR guye street address)
Prince George Gen. Hosp. during most of warking life, even if retired.) INDUSTRY Cheverly 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CTY OR TOWN 13b. COUNTY West Virginia Davis P.O. Box 363 Tucker Item lond 14 FATHER'S NAME Middle Lost 15 MOTHER'S MAIDEN NAME First Julia Garrison George Mc Crav .⊆ 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO. 17. INFORMANT pencil 4 should be forwarded to the Chief Medical Examing **ADDRESS** 70 (Yes, na. ar unknawn). (If was give wer or dates of service) Hospital record Cheverly Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown Conditions, if any, which gave rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 0 removol, 4200 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICAT WAS PERFORMED? the certificate, YES [ NO TE ö 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, affice building, etc.) WHILE NOT WHILE AT WORK 22a | certify that I taak charge of the remains described above, held an Autopsy ... Inspection PC Inquiry | and in my apinian death resulted fram: Natural equses K Accident Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE. 8-12-68 DEPUTY MEDICAL EXAMINER IN John Kehoe MD Riverdale, Md NAME (Type) ADDRESS(Street, city, town, ar caunty) 90 23c NAME OF CEMETERY OR CREMATORY Funeral 23a BURIA, CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Spec fy) Aug 12, 1968 Thomas Thomas. Tucker West Va Home Remova) 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV, 1/68



4.4	1			D STATE DEPARTMENT OF HI		
	L	11986		301 W. PRESTON STREET, BALTI/ CERTIFICATE OF DEATH	WORE, MARYLAND 21201	77794
		CEASED-NAME First  Ype or print) Angel	Middle	Melackrinos	2a. DATE OF DEATH  August 234	2b. HOUR 1968 9:40P M
s. Pages I hours after	3. SI	X Female	4 RACE White	S DATE OF BIRTH	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
/Z hou	7o cou		U. S.	WIDOWED DIVORCED	COUNTY OF DEATH Prince George	e¹s Md.
wifhin &	,	Cheverly	or Hospital or in	Gen. Hosp.	OCCUPATION (Kind of work dane stock working life, even if retired.)	125 KIND OF BUSINESS OR INDUSTRY
n any event, with	13o adm	USUAL RESIDENCE (Where deceosed ssion) SIATE Maryland	lived if institution Residence-before 13b COUNTY Montgomery	13c CITY OR TOWN 13d INSIDE CITY LIM  Silver Spring YES 11 NO		t.
din any	14.	ATHER'S NAME First	Middle ARALIOS	15. MOTHER'S MAIDEN NAME FIR	st Middle	lost
aval, and in	16a.	WAS DECEASED EVER IN U.S. ARMED es, na, Aunkgawn) (If yes give word		NO 17 INFORMANT 838 MRS. ROBERT DOLIN	GER 5337-85# A	P. MRYS PROJECTON  APPROX MATE INTERVAL
priar to burial, cremation, ar remaval, and in any event, within 72	2	PART I. DEATH WAS CAUSED E IMMEDIATE  4/09 Conditions fany, which gave rise to immediate couse (a), stating the underlying cause last.	CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	Pulmonory  OT RELATED TO THE TERMINAL DISEASE ORCO	execution of the second of the	BETWEEN ONSET AND DEATH
	CERTIF CATION		NDITION FOR WHICH OPERATION WAS PE	YES NO KK		
	MED CAL CE	27a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner		9	nature af injury in Part 1 ar Part 2, li	<u> </u>
	- M	While Not while	\ OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. Na	City or Town	County State
		saw the deceased ally causes stated above, l	haspital) attended the deceas re an August 23, (we)(did)(did16t) view the	ed fram August 21 , 19 6 968 , and that in (xxx) (our) apin bady after death.	ian death accurred on the da	te and haur and fram the
rled wit		22b. SIGNATURE	Sodayhe.		D STAFF 22c. C	24/57
shauld be filed with the State Dept. of Health			Sadeghian			Cheverly, Md.
Y.	1	BURIAL (CREMATION, 236 DA	96.1968 GEO. U	CEMETERY OR CREMATORY  CASHINGTON EMETERS	23d LOCATION (City or Town)	(County) (State)
1/68	24	SUNERAL DIRECTOR	MASE Thou GARAGE A HORESS	JII TIGHT TOP OF CALL	REGISTRAR 1968 REGISTRAR'S	res fredes



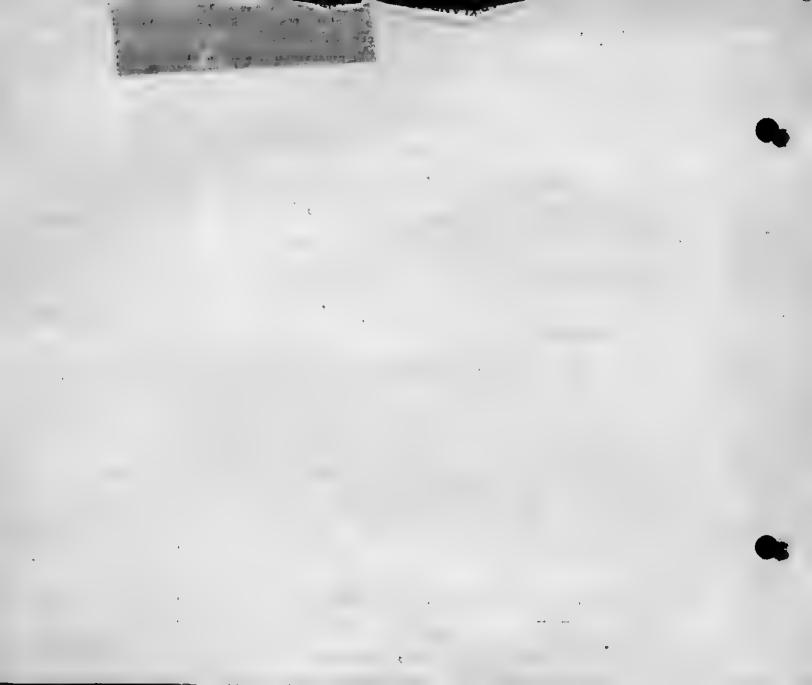
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HEALTH DE	PT.		CEASED-NAME	Fire	1	-	Midd	le		Lost			20 DATE	KNOWN	Month	Doy Ye	ear 26 HOUR
ay is 3 ta Page ant of		11	ype or Print)	Jo	hn		Ric	chard	1	lerkl	е		HTA3D	ESTI- MATED X	3 8	20	19 6B am
- T3		3 <b>S</b> E	Х	4 RACE		OF BIRTH		6. AGE ( n ye	013	ER 1 YEAR DAYS	IF UNDER :	24 HRS MIN.	2c DATE 9	PRONOUNCE	D DEAD	V	2d HOUR
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hin 24 boars after or ind in life) 18 Give nines office along v pages 1 and 2 w. 1h th	after death	13a gc	JStrAL RESIDENT Im ssign) STATE	Md.	13b COU	institution INTY <b>Pri</b> r	Residence ace Gr	eorge	Belts	ville			113	36 EV	ans '	Trail .	Apt T-2
Par Pu	fter	14, 8	ATHER'S NAME	First		M.ddle		Last	IS. MOT	HER'S MAIL	DEN NAME	First		Mr	ddle		last
Z 2 3	5			ard Mer						Nor	a Sul	liva	n				
E B	haurs	16a \	WAS DECEASED EV	ER IN U.S. ARMED	FORCES?  war or dates at s		SOCIAL SECU	URITY NO.	17 INFOR	TAAN				ADDRE	35		
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ed in	n any event within		IB. CAUSE OF	DEATH (Enter o	nly one cause	e per ne fai										BETWEEN	X MATE INTERVA. N ONSET AND CEATH
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be executed "pending" if iief Medical I insit permit.	ent		0/	( (2)		O, OR AS A			D 1								
bed 'p	e <		rise to Immed	ny, which gave ate cause (a),	{0	)(			Barb	ntur	ate						
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			last.		, (i	()										ļ_	
This certificate should cate, writing the word be farwarded to the CI be used as a bural-tr	or removal, and		PART 2 OTHER S	IGNIFICANT CON	DITIONS CONT	RIBLTING TO	O DEATH BI	UT NOT RELA	TED TO THE T	ERMINAL DI	ISEASE OR C	ONDITION	GIVEN IN	PART 1(o)			
certifical writing arwarded used as	val,	NOI	19a. DATE OF O	PERATION		1196	CONDITION	FOR WHICH	OPERATION					_		Tan ai	JTOPSY?
o, w farv	0 L	CERTIFICATION	170. DAIL OF O	ERATION			WAS PERFO		OFERMION								S D NO D
This cate, be to	5 /	CERTI	21a EXTERNÁL (	AUSE WAS	215 1	IME OF INJUR	Y Month, D	av. Year	21c HOW	INJURY OC	(JRRFD (Fp	ter, nature	- n£ ,nurv	in Post 1 r	or Part 2		3 134 110 L
Certification of the stand	cremation, c	DICAL	PRIMARY A OF	R CONTRIBUTING	□ Nog	OJRAM.	8-20	1968				arbı	tura	te	5h61		
	ma	2.	21d INJURY OCC		PLACE OF N. octory, office	JRY (At hos building, etc	ne, larm, s	street,	21F LOCATI	ION Street o	or R.F.D. No		,	orlown tsvil	17.	P.G.	State Md.
EXA ute lige Vag			AT WORK A	WORK													
DEPUTY DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page	burial,			certify that I										<b>x</b> , in		CT-100	in my apinia
DICAL 15e exec ectar. Pr ined for RECTORS	pr		death re	sulted fram.	Natufa	couses	∠], Ag	dent 🔀	], Suicid	_				ermined	manner		
please I direct	۲.		ACTUAL	1	The s	_/]	0 11	-7.1	7		F MEDICAL			,	001 0 4 70		
EPUTY ssary, F funeral ay be n	priar		SIGNATURE	1	1/1/	71 1-		1		W. D.	STANT MEDI				22b DATE		
EPU Sssa fun ay JNEI	£ 2		EXAMINER'S NAME (Type)	/ /	John K	eĥoe,	M.D.	, Riv	erdale		JTY MEDICA RESS(Street,			ntv)		21-68	
TO DEPUT necessary the funer 5 may be	Hea	23g	BUR AL CREMA	ION / 231	DATE		23c NA	ME OF CEME	ERY OR CREA					(City or To	wnì	(Caunty)	(Stote)
- 2	3		REMOVAL (Speci	fla /	3-24-6	8			dge Ce		rv						. Balto
	T.	24	Burial FUNERAL DIRECT	np\ /				ADDRESS			2So RECE	BY REGI	STRAR				Md.
VR A15ME	(5) Y	Н	oward H	. Hubba	rd 41	.07 Wi	lkens	Ave.	21229		DATE AL	16 2	6 19	68 P	yello	S.GNATURE	north a

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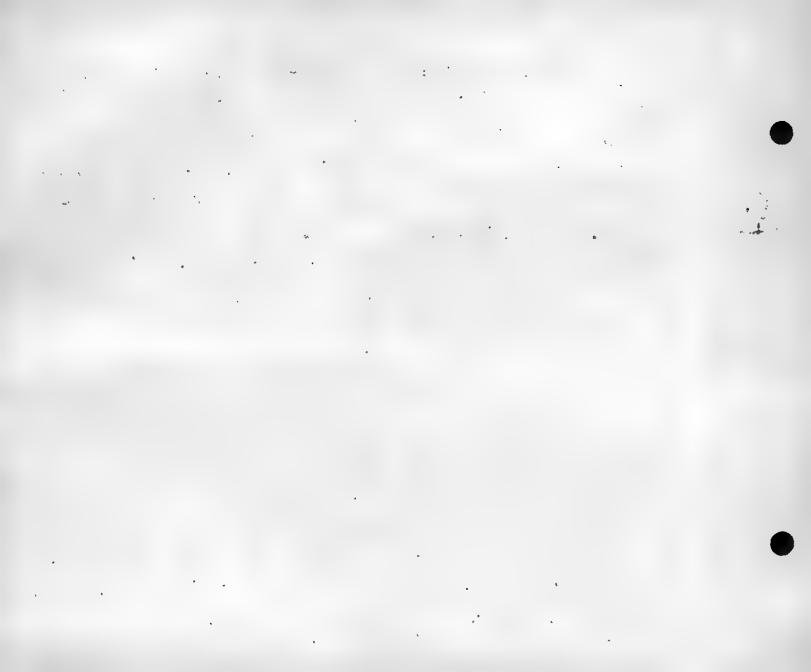
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	MAKTEAND STATE D	EPARTMENT OF HEALTH
	1 1 0 8 5 CERTIFICAL	TE OF DEATH
1	PLACE OF DEATH	16 THE THE WORLD THE PARTY OF T
	a. COUNTY PRIMOR OF ORDERS	a. STATE MARYIAND PRINCE GEORGES
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown)
	write RURAL and give nearest town) CHEVERLY	LANDOVER
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS  e. IS RESID ON A F
	PRINCE GEORGES Hospital	2512 COLUMBIA AVENUE YES NO
	NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
	(Type or print)  JOHN W MERKIE SR.  SEX  6. COLOR OR RACE 7 MARBIED CONTROL 8	DEATH AUGUST 27 19 6  B. DATE OF BIRTH  9. AGE (In yours IF UNDER 1 YEAR) IF UNDER 24
.J.	7. MARAGED [ NEVER MARKIED ]	last birthday   Months Days Hours
104	. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	JUNE 18, 1892 1 76 yrs. 12. CITIZEN OF WHAT COL
do	CARPENTER  CONSTRUCTION	MARYLAND
13.		14. MOTHER'S MAIDEN NAME
	JOSEPH MERKIE	UNKNOWN
15. {Yz	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 15. no. or unknown)   (lifyesgivewarordatesofservica)	INFORMANT Address
	NO P	AUL P. MERKIE SAME AS # 2
	PART I. DEATH WAS CAUSED BY:	INTERVAL BÈTW ONSET AND DE
	IMMEDIATE CAUSE (a)	1 1140, 40 023 (2
	Conditions, if any, which	+ Condio-Vascular Disase 109
	gave rise to immadiate cause (a), stating the undarlying  DUE TO	
	causa last. (c)	
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORM
<u>ქ</u>		YES NO
CERTIFIE	206. A CCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER, )	5. (Enter netura of injury in Part I or Part It of Hem NB.)
		ACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (St
MEDICAL	Mour e.m.  p.m.  19 at work at work	tory, straat, offica bldg., atc.)
-6	21. I certify that (I) (this hospital) attended the deceased from	Inch. 1957, to 8 Aug. 1968, that (1) (w
		death occurred at ZAM, from the causes and on the date stated a
	224) SIGNATURE	ATTENDING MED, STAFF
-	70,000	AD PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Typa)	220. ADDRESS
	B. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 123d. LOCATION (City, town or county) (State
23.	REMOVAL (Spacify)	
23.	BURLAL   8=29=68   CEDAR HILL (	Charting that the term of an order of
	BURIAL   8-29-68   CEDAR HILL ( BUNERAL DIRECTOR'S SIGNATURE BODER'S WILLIAM FUNERAL HOME	CEMETERY SUITIAND, PRINCE GEORGES, M.  258. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE  PATE AUG 3 0 1968 F. Cuarles Judge.



	ı .	MARILAND STATE DEPARTMENT OF REALTH
		11589 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
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f - 64		
e = e	L,	ETHEL STARIE MERSON HUGUST 16 1968 7 PM
	3. SI	
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- su Year	70	
hours after deal in by the funeral irs. Pages I part I hours after deal	CON	nto/
24 i d i j	<u> </u>	Md. U.S.A. WIDOWED DIVORCED   TRINCE GEORGE. Md
E E E	10 (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITLTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR
with with		RIVERDALE give street address/ 1240 NEMCRIAL during most of working life, even of retired) INDUSTRY Phone
executed within 24 hours after death and campletely filled in by the funeral smove carban papers. Pages 1 and any event, within 72 hours after dean	13a	LS_JAL RESIDENCE (Where deceased lived, if institutions Residence before 13c CITY OR TOWN 13d MSDE CITY LIM TS? 13e STREET AND NUMBER
mb nte	odm	ISSION) STATE MD 13b. COUNTY P.CS. LAUREL YES NO 417 MOIN) STREET
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a la	1 "	
	ᆫ	JOHN J. GRESWELL FLESLINE FLESURE
are of the case		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (es, ng. gp unknown) (if yes give wor or dates of service)
hys affic	l. '	(es, no grunknown) (17 yes give wor or earles of service) ? Mas Bayin and WElls lellication may
cer The The		IB. CAUSE OF DEATH (Enter only one couse per line for (t), (b) and (c).)  APPROX.MAPE INTERVAL BETWEEN CHISTS AND DEATH
를 등 · · · · · · · · · · · · · · · · · ·		PART I DEATH WAS CAUSED BY
all military.	1	1/2 C) IMMEDIATE CAUSE (0)
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t t	1	Canditians, if ony, which gave rise to immediate couse (a), (b)
hha Sy can ren		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF
98   100   1	1.	lost.
requires that the daath certificate executed within 24 hours after signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, cremation, ar remaval, and in any event, within 72 hours after burial, cremation, ar remaval, and in any event, within 72 hours after the please remaves carban pages.	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
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The law ratending has been se as the th priar to	ő	199. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
s b brid	3	CHITADA DO 2021IA
the specific that the specific	CERTIFICAT.	152 NO
ar of ead		216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18)
E	MEDICAL	OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
asp asp	불	21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME FARM STREET FACTOR 1 21f INCATION Street or R.F.D. No. City of Triwn County State
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OR ATTENDING PHYSICIAN be retained by the hospital of the strained by the hospital of the strained by the hospital of the strained for the str		
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win will will will will will will will w	1	ATTENDING CO MED CO STAFF CO S
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TAI de final	1	22d. PHYSICIAN'S NAME (Type) BRYAN POPE WARREN 321 PRINCE GEORGE ST. LAUREL, MILE
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Pane 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be deficited for use as the burial-transhould be filed with the State Dept. of Health priar to burial, and		THE LIFE DE WAKKEN SALTRINCE GEORGE ST. LAUREL, MILL
2 det C	23a	BURIAL, CREMATION, 236 DATE 230 NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (County) (Stote)
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	24.	FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)- 30M REV 1/68		DATE AUG 2 1 1968 yoursely Judge
	11	14 INDITION - STACK F. VALENT IFME. UAR 1100 G. I 1000 J. TOTAL



	1			AND STATE DEPART				
1.		11990	DIVISION OF VITAL RECOR	· ·	· · · · · · · · · · · · · · · · · · ·	RE, MARYLAND 21201	410	8.2
		and the second		CERTIFICATE OF	FDEATH			
= [35]		ECEASED-NAME First	Middle	Lost	20	DATE OF DEATH		2b. HOUR
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requires that the death certificate be executed within 24 hours g physicion.  I signed by the attending physician and completely filled in by burial-transit permit. Then please remove carbon papers pourial, cremotian, or removal, and in any event, within 72 hours burial, cremotian, or removal, and in any event.	_	CITY OR TOWN OF DEATH		OR INSTITUTION (If not in hospital	120 USUAL OF	working he even it retired)	12b. KIND OF E	
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this De		While Not while at work	COCCUE GOILDING, ELE					
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ed be		sow the deceased o	alive on Ang 5 e, (I) (wa) (did) (did not) view	19_68, and that in (	my) <b>(ac</b> r) opinion	deoth occurred on the d	lote and haur c	ind from the
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RAI De pe		NAME (Type) Samu	el J. N. Sugar.			Ave. Washin	otan D.	C.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours—attended may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by The director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the should be filled with the State Dept.	230			E OF CEMETERY OR CREMATORY		. LOCATION (City or Town)	(County)	(Stote)
Pog H	230	REMOVAL (Specify)		t Lincoln 3		. , ,	, ,,	(41414)
	24	FUNERAL DIRECTOR	ADD	RESS	250 REC'D BY REG			
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INV	-				11144			



/	Litems 18-22a Film 404 MARYLAND STATE DEPARTMENT OF HEALTH 19-25-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	^99
FOR STATE	Item#2a FATEG 9-14 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	33
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 2a DATE KNOWN   Month Do	y Yeor 2b HOJR
oy is 3 to Page ent of	Frederick Wallace Mitchel PEATH MATERIA 8 2	7 1968 M
deloy is and 3 to M3. Page itment of	3 SEX 4 RACE S DATE OF BIRTH 919 6 AGE (In years IF UNDER 1 FEAR IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD MONTHS DAYS HOURS MUN Month Dry	2d HOUR
2, and PM3.	Male White 1-11-199 49 YRS MONINS DAYS HOURS MIN Month By 27  70 BIRTHPLACE (Stote or foreign 76 CIT ZEN OF WHAT COUNTRY? 8 MARRIED FENEVER MARRIED 1 9. COUNTY OF DEATH	68 192:38 m M
- 5x A	(ountry) A A NUMBER OF PROPERTY	a. 1
To a good to a g	10. GTY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12)	b KIND OF BUSINESS OR
-0 m = - 1 T		DUSTRY S. S.
offer de long which the long was onto	130 USJA, RESIDENCE (Where deceosed lived, if inst tubon, Residence before 13c. C.T.Y. OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER	,
E E E	odmission District of Columbia Washington YES NO 3222 5th. Stree	
24 hours in Item 1 rrs Office are 1 cmas	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
hin 24 ndl in n ner's pages hours	160 MS DECEASED EVER IN U.S. ARMED FORCES?  160 SOLA SECURITY NO 17. INFORMANT  ADDRESS 3 7 7 2	- 26-
within 24 hours o pencil in Item 18. xom ner's Office of ile pages 1 omite w 72 hours ther pe	(1'yes give war or dates of service) 5/17-09-644 Shace m Mitchell - It	7.8.
- O IT	(B). CAUSE OF DEATH (Enter only one cause per +the for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding: «n Medical E permit. F	PART I DEATH WAS CAUSED BY Combined intoxication - Alcohol and IMMEDIATE CAUSE (a)	
be execut "pending ref Medio nsit perm	7 DUE TO, OR AS A CONSEQUENCE OF Carbon monoxide  Conditions, if ony, which gove )	
Id 56 Chie tran	rise ta immediale couse (a), (b)	
should be exime word "pend on the Chief Me buriol-transit pill in ony event	stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s certificate should be executed e, writing the word "pending" in forwarded to the Chief Medical E used os o burial-transit permit. Femovol, and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
irfica iting arder d os of, o	8 77.2	
this certifiate, writh	190. DATE OF OPERATION 190 COND FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ig to a diri	190. DATE OF OPERATION  190. COND TION FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Day, Year  21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem	YES [25] NO [X]
	PRIMARY TO OR CONTRIBUTING 11: Up MM 8-27 19 68 Connected hose from tail pipe (ALSE OF DEATH 21d INJURY OCCURRED 121e PLACE OF INJURY (At home form street 21d IOCATION Street or R.E.D. ho. (the or Jown	to
	totage office his stone at 1	County State
JICAL EXAMINER: se execute the cert ctar. Page 4 should ed for your files. ECTOR: Poge 3 should buriol, cremation.	while and while work while work while work while work of the building, etc.)  22a. I certify that I tack charge of the remains described above, held an Autopsy [5]. Inspection [8], Inquiry [], and in my opinion death resulted from:  Notice [1] Notice [1	
ICAL E: Executor Page of for Page of for Page For Page Por Page Po	22a. I certify that I taak charge af the remains described abave, held an Autopsy 🔁 Inspection 🔀, Inquiry 🔲, and in my opinion	
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ro DEPUTY necessory, the funero 5 moy be ro FUNERA Health pr	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
10 T S T S T S T S T S T S T S T S T S T	230 QURJAy CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCANJON (City or Jown) (Construction)	ounty) (Stote)
	24. FUNERAL D RECTOR . J ADDRESS 250 RECD BY REGISTRAR 25b REG STRAK'S SIGN	NATURE
VR A15ME (5) TOM REV, 1/68(	N. W. Chamber 6, 517-11 = D. S.E DATE SEP 3 1968 + floor	as Judge
18%		



	1			D STATE DEPARTMENT		
	Н	11992		ERTIFICATE OF DEAT	BALTIMORE, MARYLAND 21201	A. COD
		ECEASED NAME First Type or print) Bab	Middle	Lost	20. DATE OF DEATH Month Doy	Yeor 2b. Hour 1968 - 30p M
	3 S	Female	4. RACE White	S DATE OF BIRTH August 21	6. AGE (In years	IF JNDER I YEAR OF UNDER 24 ARS NONTHS DAYS MOURS MIN.
	70. <b>M</b> E	BIRTHPLACE (Stote or foreign ptry) U.S.A.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Prince George	S Md
7		Cheverly	IN NAME OF HOSPITAL OR INS	ge's Gen.Hosp.	USUAL OCCUPATION (Kind of work doneing mast of warking life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
	13o. adm	USUAL RESIDENCE (Where deceos	d 136 COUNT Prince Geo.	13c CITY OR TOWN 13d INSIDE	NO 3603 38th Ave.	
	14	FATHER'S NAME First Richa:	rd B Mitchem	1s. MOTHER'S MAIDEN NA Vivian	ME For Middle Laudermilt	Lost
	160	WAS DECEASED EVER IN U.S ARA	MED FORCES? Not or dates of service) 16b. SOCIAL SECURITY N	io. 17. Informant Richard B	Mitchem Colmar Ha	nor, Md.
V	22	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF		E OR CONDITION GIVEN IN PART 1(0)	BETWEEN OWSET AND DEATH
<	CERTIFICATION	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PER		2Db. IF YES, WERE FINDINGS COI CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	MEDICAL CE	216 ACC DENT WAS UNDERLYING CAUSE OF DEAT (If either, natify medical exam)	TH HOUR A.M. Manth Day Year ner) P.M. 19		(Enter nature of injury in Port 1 or Part 2, life	
	*	at work of work 22a. I certify that (%) (th	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC	ed from	19 <b>68</b> , ta <u>August 31</u> , 19 apinian death accurred an the date	State  State  State  (we) lase and hour and from the
		causes stated abave	live on August 31. I le. (*) (we) (did) (diameter) view that	DEGREE PHYS		ATE SIGNED 1968
í			rew G. Aronfy. M.		eo.Gen'l Hospital,	Cheverly, Md.
	L		ot 4, 1968 Ft Lin	CEMETERY OR CREMATORY COIN Cemetery		(County) (State) Geo Md.
8	24	FUNERAL DIRECTOR F. Ga	asch's Sons Hyatts	ville, Md. 250 RE	EP 5 1968 School	IGNATURE SURFICE



-	Н	11995	DIVISION OF VITAL RECORDS,	301 W. PRESTON STA		E, MARYLAND 21201	12001	L
- (des)	1 6	ECEASED NAME First	Middle	Lost		DATE OF DEATH		Jah HOUR
E 5.5		Type or print)	0 1 3			Month D	oy Yegr	2b. HOUR a
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offee of the state	3. 3					6. AGE (in years lost birthdoy)	MONTHS DAYS	HOURS MIN
rs o rs o Pag rrs o	-	Female	White		28, 1879	89 YRS		
hau hou		BIRTHPLACE (Stote or foreign intry)	76 CITIZEN OF WHAT COUNTRY?	8. Married 🔲 never mar	KIEU	INTY OF DEATH		
24 haurs after death ad in by the funeral pers Pages 1 ms		New York	United States	I-ull-dia	CED 📄	Prince Georg		Md.
rin 24 filled pape thin 73		CITY OR TOWN OF DEATH	IT, NAME OF HOSPITAL OR INS	TITUTION (If not in hospital	12a USUAL OCCU	JPAT ON (Kind of work done working afe, even if retired.)		JUSINESS OR
within fely fille		Hyattsville	give street oddress) Sacr	ed Heart Home	e Hous	ewife	INDUSTRY	Home
mplet mplet e car	13o	USUAL RESIDENCE (Where decease	ed aved, if institution: Residence before	THE CHILDREN		13e STREET AND NUMBER		
AN: The law requires that the death certificate be executed within 24 hours after all are attending physician. It is a seen signed by the attending physician and completely filled in by the future as the burial-transit permit. Then please remave carbon papers Pages I Health priar ta burial, cremation, or remayal, and in any event, within 72 hours after		ission) STATE Maryland		Chevy Chase		4819 Cumber	land Aver	nue
// ¥ pass	14.	FATHER'S NAME FIRST	Middle Lost		LIDEN NAME First	Middle	** 1	Lost
		James	Burns		Mar	· · · · · · · · · · · · · · · · · · ·	Unki	nown
sicio an	160	. WAS DECEASED EVER IN U.S. ARM	or or dates of service)			Address		_
requires that the death certificate b'g physician.  I signed by the attending physician by burial-transit permit. Then please a burial, crematian, or remaval, and it		Yes, no. or unknown) (If yes give w	** 220-44-72	49 Sacred	Heart Home	e, Hyattsvil		
and The The	1	18. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c).)  D BY:	1,	-	1 -	BETWEEN ON	ATE INTERVAL ISET AND DEATH
eath indii or r		PART I. DEATH WAS CAUSE IMMEDIA	ATE CAUSE (0) ARTERIO SECEL	CTIC HEART	D. WITH	AC. PULM. FOR	344 3	6 km
atte		4/29	DUE TO, OR AS A CONSEQUENCE OF					
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that in. oby it		rise to immediate couse (a), stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE OF				1	
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equires that the physician. signed by the burial-transit burial, crematic		PART 2. OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE OR CONDITIE	ON GIVEN IN PART I(o)		
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law be striar	,   6	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	REFORMED 200. AUTO	PSY?	20b IF YES, WERE FINDINGS	CONSIDERED IN CER	RTIFYING
The affe control of the control of t	CERTIFICATION			YES 🗌	NO 🗷	CAUSES OF DEATH?		
÷ e e s e e e e e e e e e e e e e e e e	9			21c. HOW INJURY OCC	URRED (Enter noture	of injury in Port 1 or Port 2	, Item 18.)	
<b>三</b> 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	MEDICAL	or contributing [] CAUSE OF DEAT	H HOUR A.M. Month Day Year ner) P.M. 19					
YSI nasp cert chec	量	214 INTURY OCCUPRED 21a	PLACE OF INJURY ( AT HOME, FARM, STREET FAC		t or R F D. No.	City or Town	County	State
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by per 3 shauld be detached for use as the burial-traded with the State Dept. of Health priar ta burial, and	1	of work at work						
OR ATTENDING be retained by the DIRECTOR: After ge 3 should be ded with the State		22a I certify that (I) (th	is hospital) attended the decease live on 1963 5 1 e, (1) (we) (did) (did not) view the l	d from SEPT	, 1966,	to_Auc,1	9 <u>68</u> , that (	(I) (we) lost
ND N		saw the deceased a	live on Aug. 5	96L and that in (m	y) ( <del>our)</del> opinian d	death accurred on the c	late and havr a	nd fram the
A TIE			e, (I) (we) (did) (did not) view the l	oody after deoth.				
Write A A		22b. SIGNATURE	7. 0 . 7.	DEGREE PHYS	IG MED DIRECTOR	STAFF D	DATE SIGNED	
		DOL DUNGISLANIS	M. Cuples			R L PHYS. L	8-6-68	
TAI may KAL page for the first p		22d. PHYSICIAN'S NAME (Type)	M. CURTIS ,	22e. ADD		IN AVE BET	THESU4	M
NE 4				<del></del>				770.
O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit O FUNERAL DIRECTOR: After this certific director, page 3 should be detached is should be filed with the State Dept. of	230	BURIAL, CREMATION, 23b. REMOVAL (Specify) BURIL 21		CEMETERY OR CREMATORY  James Ceme	23d	elvidere, Bo	(County)	llinois
5 5 5 °	0.1		8/9/68   Saint					
VR A15 (4) 30M REV 1/68	ZA	PLINERAL DIRECTOR	ADDRESS ADDRESS	Butterd In	DATE AUG 1	3 1968 REGISTRAR	Carley Jose	lge.

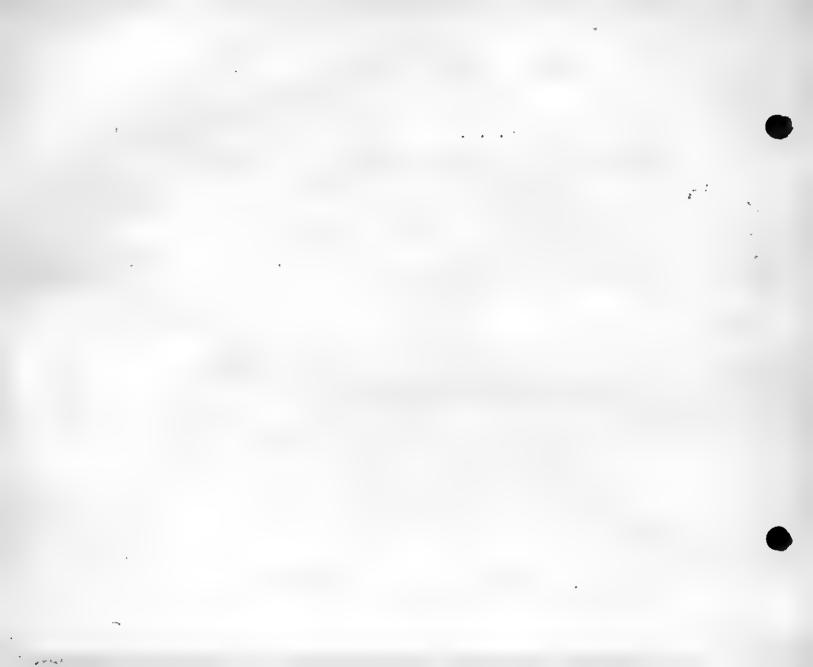
MARYLAND STATE DEPARTMENT OF HEALTH

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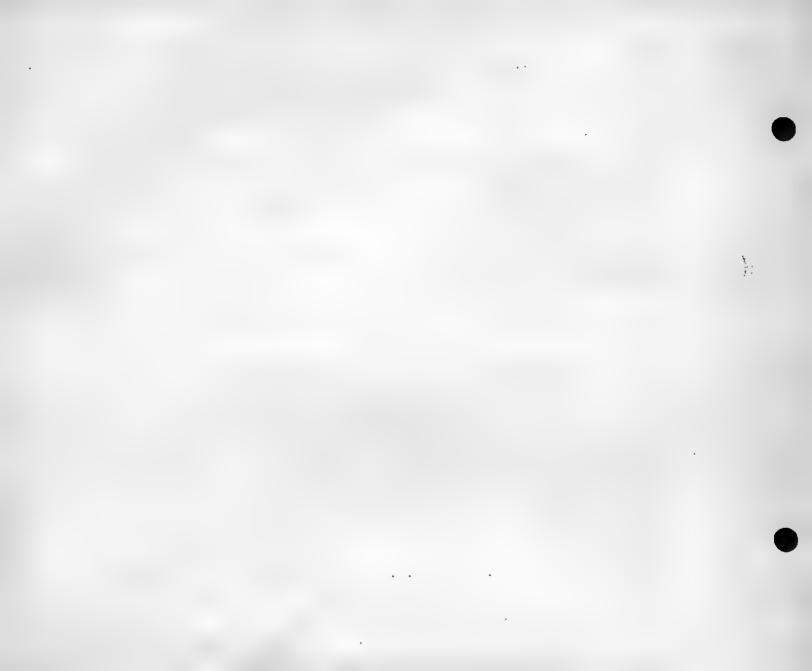
L 1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH  1294 DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2002
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* U U &
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month D	ay Year 2h HOJR
5 2 2 ···	(	Type or Print)  George Fremond Morgan  George Fremonet Morgan  DEATH MATED TO 8 2	1968 1 1968 1 1 1968 1 1 1968
ment (	3 5	SEX 4 RACE S DATE OF BIRTH 1914 AGE (In yours IF UNDER ) YEAR IF UNDER 24 HRS 24 DATE PRONOUNCED DEAD	2d HOUR
The state of the s		M W 19 May 1915 -53 vrs 4	Yeor 1968 1:53
1, 2 Pep		8IRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Poges for	10. (	aryland U.S.A. WIDOWED DIVORCED Prince Geo	rge Md.  1b K ND OF BUSINESS OR
after death Sign Page Malang with the State eath.		Cheverly give street address)  Prince George Hosp	DR21BA
s after 18 Giv along 2 with 1 death.	130	USUAL RES DENCE (Where deceased lived, 1 institution Residence before 13c. CITY DR TOWN 13d (45)DE CITY LIMITS? 13e. STREET AND NUMBER	
1 18 ce		odmiss'on) STATE Md. 13b. (OUNTY Prince George Mt. Rainies NO 3370 Chillum	Rd.
within 24 haurs a pencil in Item 18 caminer's Office al te pages tand 2 w 72 haurs after de	14, 8	FATHER S NAME First Middle Lost IS. MOTHER S MAIDEN NAME First Middle	Last
within 24 pencil in xaminer's rie pages in 72 haurs	160		ones
thin min pag	()	WAS DECEASED EVER IN U.S. ARMED FORCES?  165. p.p., or unknown)  17 INFORMANT  ADDRESS  186 SOCIAL SECURITY NO 17 INFORMANT  ADDRESS  579 03 9085 Edith L Horgen same as abo	770
d with per Exam Exam Fife n 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL
executed nang" in Medical I permit.		PART I DEATH WAS CAUSED BY	Minutes
Mec Mec		129 DUE TO, OR AS A CONSEQUENCE DE	TITII does
be 'pa' nief ansij		Conditions, if any, which gave rise to immediate couse (c) (b) Arteriosclerotic heart disease	Unknown
shauld be e ne word 'per o the Chief ! burial-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she y to the buri		(c)	
<b>LAL EXAMINER:</b> This certificate shauld be executed within 24 haurs afte execute the certificate, writing the word 'pending' in pencil in Item 18 Gir. Page 4 should be farwarded to the Chief Medical Examiner's Office along far your files. <b>TOR:</b> Page 3 shauld be used as a burial-transit permit. File pages I and 2 with urial, cremation, ar remaval, and in any event within 72 haurs after death		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ertif writi war ed c	NOIL	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTDPSY?
INER: This certificate, writshould be farwar files. 3 shauld be used nation, ar remaya	CERTIFICATION	WAS PERFORMED?	YES 🔲 NO 🔀
d be		216. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 1216 TIME OF INJURY Month, Day, Year HOUR A.M. 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item	18.)
INER: e cert shout files. 3 shau	MEDICAL	CAUSE OF DEATH P.M. 19	
SICAL EXAMINER: se execute the certi actar. Page 4 should ined far your files. RECTOR: Page 3 shau a burial, cremation,	×	21d INJURY OCCURRED  21e PLACE OF INJURY (At home, form, street, while at work	Caunty State
EXCute cute tage r yae s Pac			
CAL exe ar. F d fo d fo urio		22a. I certify that I taak charge of the remains described above, held on Autopsy, Inspection, Inquiry, death resulted from: Natural says, / Acciden/, Suicide, Homicide, Undetermined manner	and in my opinion
please direct etaine DIREC		CHIEF MED CAL EXAMINER	J
or of d		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNATURE	SNED
PUT Sary Uner V by VER		EXAMINER'S John Kehoe, M.D., Riverdale DEPLTY MEDICAL EXAMINER 3	68
To DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health priar to burial, crem	00	NAME (Type)  ADDRESS(Street, city, fawn, or county)	
5 + 25 + 2	23a	PEMOVA (Spaceful	ounty) (State)
X	24	Curial /9/3/1968 Baltimore Mational Cempaltimore, Mar FUNERAL DIRECTOR / 250 RECID BY REGISTRAR 256 REGISTRARS SIG	Y L E. and
VR A15ME (5)		Tollay's Funeral Home It. Rainier, Mid. 1015FP 5 1968 Ochanic	



_	MAKTEANU STATE DEPARTMENT OF HEALTH
	17995 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
<b>≟</b> _2 <b>∉</b>	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOURE
eral and 2 Jeath	(Type or print) DOROTHY NAOMI MURPHY AUG Month 1 Day 1988 4:28 M
5 A E	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours IF LINDER 1 YEAR IF LINDER 24 HRS
告(皇皇帝)	FEMALE CAUC 10 Nov 1902   OST DAYS HOURS MAN
Si Sa Sa	70. BIRTHPLACE (State of Fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARDIED NEVER MARDIED 9. COUNTY OF DEATH
be executed within 24 hours after death on and campletely filled in 17 the uperal in any event, within 72 hours are death	PENNSYLVANIA U.S.A. WIDOWED DIVORCED PRINCE GEORGE'S
nin 24 filled pape thin 7	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR
be executed within 24 and campletely filled in a remave carban paper in any event, within 72	HILLCREST HGTS STOT OGOOD HOPE AVE   dt. HOUSEWIFE, even if retired)   INDUSTRY NA
ed v	130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c HTT PRIORES 13d INSIDE CTY JUNIUS 13e STREET AND NUMBER Odmission) STATE
e se di di	Odmission) STATE MD PRINCE GEORGES HCTS YES X NO 3107 GOOD HOPE AVE
and c	14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
be or	MAURICE WARING ANNA WISE
of sician ician and i	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (SON) Address
centification physicial physicial phonol, and	Yes, no acunknown) (fyes give wor ar dates of service) 160-42-1288PATRICK J. MURPHY SAME AS ITEM #13
affending permit. The	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
atti.	PART I. DEATH WAS CAUSED BY INTROCEREBRAL BLEEDING AND/OR OCCLUSION
ie death attendi permit.	5 // DUE TO, OR AS A CONSEQUENCE OF
t the the sit practice	Conditions, if only, which gave \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
hat n. ny ti ans	rise to Immediate cause ( 0), ( 5)  Stating the underlying cause ( DUE TO, OR AS A CONSEQUENCE OF
EMYSICIAN: The faw requires that the death certifical be haspital — attending physician. Its certificate has been signed by the attending physician factored far use as the burnal-transit permit. Then please Dept. of Health priar to burial, cremation, ar removal, and	(c) CHRONIC SMOLDERING HEPATITIS
aguir ign ign iuric	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ng ng l	ALCOHOLISM, PULMONARY INSUFFICIENCY
S the	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
has has	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES X NO   20a. AUTOPSY?  YES X NO   21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INVERY 122b. HOW INJURY OF CAUSES OF DEATH?
a a a a a a a a a a a a a a a a a a a	
Clarification of the second of	GREATER TO BEATH HOUR AM Month Day Year  (If either, notify medical examiner) P.M. 19  2 Id INJURY OF CURRED 2 In PLACE OF INJURY (AI HOME FARM STREET, FACTORY) 215 OCATION Street or R.F.D. No. (1th or Town County State
YSI cer chec pt. c	
G FHYSICIAN: The faw rather haspital and extending this certificate has been detached far use as the te Dept. of Health priar to	While at work at work
After After by the be do State	22g,   certify that (1) (this haspital) attended the deceased from 19 to 19 that (1) (we) last
ad bu	saw the defeased alive an
Hara Sa Batt	causes storted abave, (1) (we) (did not) view the bady after death.
OR ATTERIMG OR ATTERIMG IRECTOR: After e 3 shauld be d ed with the State	DEGREE PHYS DIRECTOR
	DEGREE PAYS DIRECTOR PHYS AUG 68
RAI Pe	GEORGE D. CIMOCHOWSKI, MD MALCOLM GROW USAFH ANDREWS AFB MD
FOR HOSPITAL OR ATTEREMS ENYSICIAN: The law re Page 4 may be retained by the haspital — attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filled with the State Dept. of Health priar to	
Pagina Alre Sha	230 (BURIAL, SREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCAT ON (City ar Tawn) (County) (State)
====	24 FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV 1/68	214 1 1 1 1 1 1 1 1 1 1
	20. W. Chambers to - 317-11, St DATE AUG 8 1968 Vellenda U



1-4,1	T.	emll Fi	InGho8	/22/68M. Yof Vital Ri	ARYLAND S CORDS, 301	STATE DEI W. PREST	PARTMENT OF ON STREET, BALT	HEALTH TE	LAND 2120	&21 Film	nG409 2/	11/69kd
STATE							CERTIFICATE				18169	
TH DEPT.		ECEASED NAME Type or Print)	First		Midd	16	Lost		20 DATE KN OF E	OWN Month	Doy Year	2b HOUR
3	Ì			ICHARD		HONY	NELSO		DEATH MA	ATEDX 8/	19 24 19 6	
	3 Si		4 RACE	S DATE OF BIE		6 AGE (In year last birthday)	MONTHS OAYS	IF UNDER 24 HRS HOURS MIN	Month	NOUNCED DEAD	Yeor	2d_HOUR
		ale	white	7/26/		26 Y			Dece	mber 25,	1968	noon <sub>M</sub>
		RTHPLACE (Stote		TO CITIZEN OF WE			ARRIED NEVER MAI	RRIED 1. COI	UNTY OF DEAT			
		ITY OR TOWN OF				· ·				ince Geo	407	Md.
		Riverda	A Unkno	wn land	pambers	/Funer	a/1//Home	re lia il Gil	f working life, erk	even if retired.)	INDUSTRY	3114E33 OK
		Tayon 144	E (Where deceose	13b Princ	ition. Residence le Georg	ses Pa	1mer Park	A MISIDE CITY LIMITS?	138 STREET A 8414	A. 80th	Avenue	
Î	14. F	ATHER S NAME	First George	Middle A Nels		Lost	IS MOTHER S MAI	DEN NAME First	H Smith	Middle	lo	st
popularis 72 haurs		WAS DECEASED EV es, no, or unknow	ER IN U.S. ARMED F		16b SOCIAL SEC	URITY NO.	17 INFORMANT Robert L	Pritche	tt	ADDRESS Herndon	Va	
		IB CAUSE OF	DEATH (Enter only				5 1				APPROXIMAT BETWEEN ONSE	
al-transit permit sany event within			. IMMEDIA	TE CAUSE (o)			of Head					
2		Canditions if o	ny, which gove )		AS A CONSEQUE	NUE OF						
		rise to immedi stoting the un	ote couse (o), (	(b) DUE TO, OR	AS A CONSEQUE	NCE OF						
		lost.	derrying coose	(c)								
		PART 2 OTHER S	IGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH B	UT NOT RELATE	D TO THE TERMINAL D	HSEASE OR CONDITIO	ON GIVEN IN PA	ART I(o)		
	NOI	190. DATE OF O	PERATION		19b. COND TON	FOR WHICH C	PERATION				20 AUTOPS	.y?
ı	CERTIFICATION				WAS PERF						YESX	
ı		21a EXTERNAL O	AUSE WAS CONTRIBUTING	T I HOUR A.	INJURY Month D		21c HOW INJURY OF	CURRED (Enter note	are of injury in	Port 1 or Port 2, 1		
	MEDICAL	CAUSE OF DEATH	1	P. P.	M 8/1/9//		Unkne		A: m	~	200	0 5
ı	W	WHILE NO		LACE OF INJURY ( tory, office buildin Unknown	ar nome, form, s g, etc.)	street,	21f LOCATION Street UN	known (F	ound o	own State ff north	Rev 40 side o	18 State
		22o. 1	certify that I to	ook chorge of t	he remoins de	escribed obc	ve, held on Auto	psy X, In	spection 🗌	, Inquiry	, ond in n	ny opinion
		deoth res	sulted from.	Notural cou	ses A	ccident 🔲,	Suicide 🔲,	Homicide X	Undeter	mined monner		
		ACTUAL	11116	181.	5/2	·		EF MEDICAL EXAMIN	_			
		SIGNATURE	WWY	70	1/10	-		ISTANT MED CAL EX	and the same of th	22h DATE		
		EXAMINER'S NAME (Type)	We	rner U.	Spitz,	M.D.		UTY MEDICAL EXAM DRESS(Street, city, to			1/8/69	
	230	BUR AL CREMAT REMOVAL (Speci	fv)				RY OR CREMATORY		LOCATION (Co			(Stote)
	04	Burial	Ja	n 13, 19	969 Mt		Cemetery			hington	D C	
	24	FUNERAL DIRECTO	Gasch's	ons l	lyattsvi	ADDRESS	id.	250, REC'D BY RE		256 REGISTRARS	an Jones	<u></u>



	1		DIVISION OF N	MAKTLAN					
1		11000	DIATION OF A	HAL RECORDS	301 W. PRESTON STREET	ET, BALTIMORE	, MARYLAND 2120	1 1 3 6	Č.
		11996			CERTIFICATE OF D			. 00	*
		ECEASED-NAME First Type or print)		Middle	Lost	2o. D	ATE OF DEATH  Month	Doy Year	2b. HOUR
		E	rnest	D.	Norris		gust 23.	1968	4:50AM
	3. \$		4. RACE		S DATE OF BIRTH		6 AGE (In years lost birthdoy)	IF UNDER 1 YEAR MORTHS DAYS	IF JRDER 24 HRS. HOURS MIN
		Male	Caucasi		April_2	2 1881	87	YRS. 4 1	TOURS (MIN
	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT		8. MARRIED NEVER MARRIE	P. COUN	ITY OF DEATH		
	╙	Maryland	U.S.A		WIDOWED DIVORCED		Ince George		Md.
_		CITY OR TOWN OF DEATH	11, NAMI	E OF HOSPITAL OR IN	STITUTION (If not in hospital	120 USUAL OCCUP	ATION (Kind of work do orking life, even if retire	one 12b, KIND OF B	USINESS OR
4	C	heverly	Prin	ce Geo.G	en i Lansni Lai				
	13o adm	USUAL RESIDENCE (Where deceasesion) STATE aryland	sed lived finstitution	: Residence before	13c CITY OR TOWN 13d.	INSIDE CITY LIMITS?	13e STREET AND NUMBER	terlon Ros	d
	M	aryland				B	iniversity/	Nursing/He	me
12"	14	FATHER'S NAME First	Middle	Lost	IS MOTHER'S MAIDE	N NAME First	Middle	e , , , , , , , , , , , , , , , , , , ,	Lost
	L								
		. WAS DECEASED EVER IN U.S. ARA 'es, no, or unknown)     (#yesgive v	ear or dates of service)	6b. SOCIAL SECURITY	Grano	Mullin	A 41.177	S. VanBur	en St.
	-	No		213-16-	2652A		Roc.		Md.
		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per ine	for (o), (b), and (c)	)	1 1.		BETWEEN ON	ATÉ INTERVAL SET AND DEATH
		1 / / O IMMEDIA	ATE CAUSE (o)	Tuhu.	may co	who the	-	18-	long
	L	4/00	DUE TO, OR AS	A CONSEQUENCE OF			, ,		-
		Conditions, if any, which gove rise to ammed ate cause (a),	(0)	Muros	eltrolia an	eliv-Va	serle dem	104	ian,
		stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF	J-1. 1	10		- V	1 1-4
		losf.	(c) Cm	unas c	beluntion of	left Leg	with Dang	<u> </u>	molle
		PAKI Z OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTIN	IG TO DEATH BUT N	OT RELATED TO THE TERMINAL DI	SEASE OR CONDITIO	N GIVEN IN PART 1(0)		
	No	190 DATE OF OPERATION 196	CONDITION CON HUNCH	CORDATION DATE OF	DEODATED OF AUTORIES		AND IS NOT THERE IN THE		
	F.S.	7/31/6 / 6	condition for which				20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN CER	HIFYING
	CERT	210. ACCIDENT WAS UNDERLYIN		was a make on	YES T	K KON	(	. 2 1: 12	
		OR CONTRIBUTING CAUSE OF DEAT	TH SOUR A.M.	Month Doy Year	21c HOW INJURY OCCUR	VEN TEULOL HOLDE	or injury in Port 1 or Por	T 2, ITEM 18.)	
	MEDICAL	(If either, notify medical exomit	ner) P.M. PLACE OF INJURY (AT		OTORY.) 21f. LOCATION Street or	DED No	City or Town	County	Stote
		While Not while		HOME FARM, STREET, FA FICE BUILDING, ETC			•	,	
		22a 1 certify that (i)	in-hoonital) attanc	ded the decaps	ed from 05 2 2 2 968 , and that in (my) f bady after death.	- 10 6 6 1	n Asser 23	1068 that /	1) / lock
		sow the deceased o	live on A	22	1960, and that in (my)	lous) opinian de	eath occurred on the	e date and havr a	nd fram the
		causes stated above	e, (I) <b>±we</b> ) (did) (di	id nat) view the	bady after death.	,			
	1	A A A	R	1 . 1	ATTENDING	e MED	STAFF rm	22c. DATE SIGNED	.)
		William	~ //~	ann	DEGREE PHYS	DIRECTOR	LI PHYS, L.	9/23/6	8
		22d PHYSIC AN S NAME (Type) W M	BRA	-JW/N	22e. ADDRESS		And Cal	1-011 A	2 1
							me, con	Not bole	140
-	230.	BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE		CEMETERY OR CREMATORY	23d L	OCATION (City or Town)	(Carp)(A)	(Stote) Md.
and the	Bi	REMOVAL (Specify)  FINERAL DIRECTOR	ugust26,	TAOR L	arklawn	DEC TO DV DECKEY	Rockville	Montgon C	nery,
1	24	CAR STORE	1. 755	57 Kylci	moin are	o. REC'D BY REGIST ATE AUG 3	0 1968 FEGISTA	Markey Jan	ye .
	$\times$	ally June	PRALU ?	JOT ROA	You Diet. DI	ATE AUG 3	0 1000	(/	-





1	11998	DIVISION OF VITAL RECORDS,		ALTIMORE, MARYLAND 21201	10006
	•		ERTIFICATE OF DEAT		
	DECEASED-NAME First (Type or print)	Middle	Last	2g. DATE OF DEATH	2b. HOUR
	Mary	M <sub>•</sub>	Parks		29 68 9:15pM
3	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (In years lost birthday)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MEN
_	Female	white	3/31/86	lost birthday) 82 YR	S
70 €01	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	m Md.	USAn	WIDOWED DIVORCED	Prince Georges	
	CITY OR TOWN OF DEATH Riverdale	11. NAME OF HOSPITAL OR INS cure street oddress) Leland Memor	ial Hospital	na work of more half of Exec it terined	e 125 KIND OF BUSINESS OR INDUSTRY
130 adr	USLAL RESIDENCE (Where deceose resision) STATE Md.	od lived, if institution Residence before 13b. COUNTY  Prine G	BerwinHeights	THE STREET THIS TROTTER	
14	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAM	ME First Middle	Venue
ľ	Geo. Farrell	Parks			Lust
16	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY I	10. 17 INFORMANT daug	resa Quade hter Address	
	Yes no or unknown) (If yes give wi	ar or dates of service) 218-30-34	2000		AvenueBerwinHgts
_	IR CAUSE OF DEATH (Enter on	y one cause per line for (a), (b) and (c)			APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED	BY. /	to concern	2" , , , , , ,	GETWIEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)			1 3 5 1
	Conditions, if ony, which gove		Mays PRIM	27. 100	4. +10 1
	rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF			
	stating the underlying cause	(d)			
L	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
,,	+×0;			• • • • • • • • • • • • • • • • • • • •	
CERTIFICATION	190 DATE OF OPERATION 19b. (	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20o AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
TIFIC			YES NO	CAUSES OF DEATH?	
		2.5 1002 00 00000		Enter nature of injury in Part 1 or Part :	2, Item 1B.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M. Month Doy Year			
MEL		PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCATION Street or R.F.D.	O. No. City or Town	County State
	at wark at wark				
	22a. I certify that (I) (thi	s haspital) attended the decease	ed from 27 , 1	19 4 P. to 8 29 , 1	9, that (I) (we) last
	saw the deceased al	ive an1 , (i) (we) (did).(did nat) view the	hadv after death	apinion death accurred on the	date and haur and tram the
	22b. SIGNATURE	ti) taral faral fara many siess me		22	C DATE SIGNED
		Homen.	DEGREE PHYS.	MED STAFF DIRECTOR PHYS.	8
	22d. PHYSICIAN'S NAME (Type)	HOUMANN	M. D 22e. ADDRESS	RIVERDALT	type them.
	TEMPIC (Type) C = J		207		
234	BURIAL, CREMATION, 23b. C	PATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City of Town)	(Caunty) (State)
	BURIAL, (REMATION, 23b. C REMOVAL (Specify) 9/	3/68 Wash.	Tat.Cem.	Suitland, Md	
	BURIAL, CREMATION, 23b. C REMOVAL (Specify)		Tat.Cem.	Suitland, Md	R S SIGNATURE



The same of the sa	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH DEPT.	1. DECEASED-NAME First Middle Last 2a DATE KNOWN Manth Day Year 15 HOUR (Type or Print) Luther A Peden DEATH MATED 8 3 1968 a.m.
and M3. 1 rtment	3 SEX 4 RACE 5 DATE OF BIRTH9 = 23 = 21 AGE (in years if under 1 Year if under 24 Hrs.) 20. DATE PRONOUNCED DEAD 729 Hours Min Months Doy3 Year 16 Hour 12: 10 Hours Min Months Doy3 Year 16 Hour 12: 10 Hours Min Months Doy3 Year 16 Hour 16
form PM	70 BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   9. COUNTY OF DEATH   9. COUNTY OF DEA
	10. CITY OR TOWN OF DEATH  Andrews Air Base  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital dumps most by work done dumps most by working ife, even if retired)  12a. JSUA, OCCUPATION (Kind of work done dumps most by working ife, even if retired)  18 NAME OF HOSPITAL OR INSTITUTION (If not in hospital dumps most by working ife, even if retired)  19 NAME OF HOSPITAL OR INSTITUTION (If not in hospital dumps most by work done dumps most by working ife, even if retired)
	13d USUA. RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 36 INSTOCKLITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md. 13b COUNTY Prince George Oxon H illies I No 5006 Jaywick Court
	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost  Jack Peden Unknown
page hau	16b. SOCIAL SECURITY NO.   15 yes gray war or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   Barbara A. Peden, Same as #13, (Wife)
Medican Medican permit. File, it within 72	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Bilateral hemothorax  Min.
D ₩ G ←	8/6. / DUE TO, OR AS A CONSEQUENCE OF
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
writing the word rwarded ta the C used as a burial-tr noval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
. 8 > 8	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 3 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
2 2 4 5	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
Page far yo OR: Page	220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry and in my opinion
iry, please exercial director. P be retained far RAL DIRECTOR prior to burial	deoth resulted from: Notyfal causes , Acadent , Suicide , Homicide , Undetermined monner .
necessary, please execute it the funeral director. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health prior to burial, crem	SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED  EXAMINER'S DON'N Kende MD., Riverdale DEPUTY MEDICAL EXAMINER X 8-3-68
necessary, the funera 5 may be 10 FUNERAL Health pr	NAME (Type)  ADDRESS(Street, city, town, or county)  230 BURIAL CREMATION
-	24 FUNERAL DIRECTOR Wilhalm Funeral Home ADDRESS   250 REC D BY REGISTRAR'S S GNATURE
VR A15ME (5)	4308 Suit and Rd/ SE, Suitland, Maryland DATE AUG 12 1988 junter

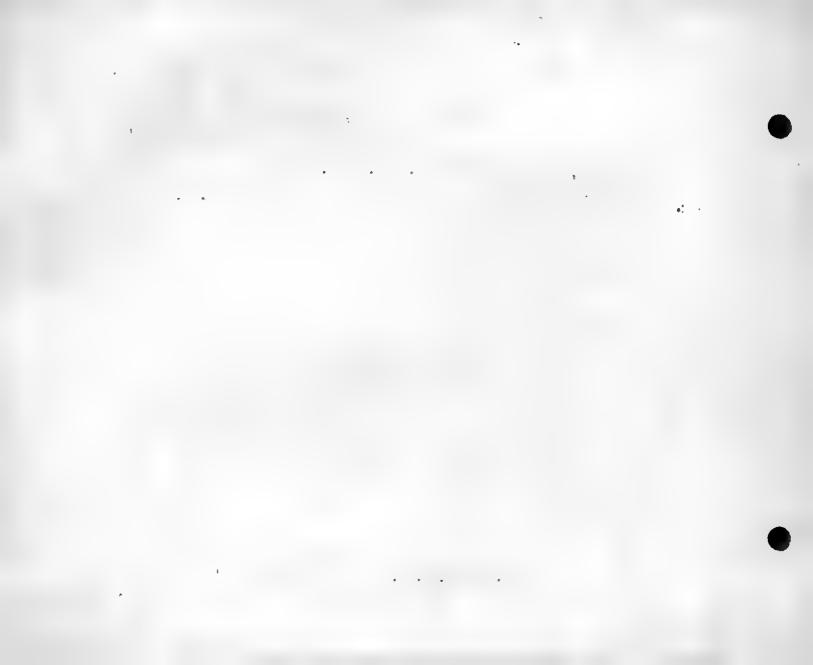
MARYLAND STATE DEPARTMENT OF HEALTH



11.		- 5 a	DIVICION		D STATE DEPARTA		ILTH PRE, MARYLAND 2120	1	
1		2-1	2000		CERTIFICATE OF		RE, MARTIAND 2120	2008	
# 52 F		CEASED-NAME First		Middle	Last	20	o. DATE OF DEATH Month	Day Year	26 HOUR 2:05 M
er de	3. SE	X	illiam 4 RACE	P	S. DATE OF E		Aug 6 AGE (In years lost birthday)		F JNDER 24 HRS HDJRS MIN
rs aff		male	whi	-		10, 1885	OUNTY OF DEATH	rRS.	10002
4 haur 1 in by 22 hour	Zo l	IRTHPLACE (State or foreign try) Arkansas	U U	F WHAT COUNTRY?	8 MARRIED NEVER MA WIDOWED DIVO	RRIED Y. CO	Prince Geor	ge¹s	Md.
ithin 24 y filled 11 y filled 11 within 72		TY OR TOWN OF DEATH		1. NAME OF HOSPITAL OR IN give street oddress) Carro	STITUTION (If not in hospitol  11 Manor		CCUPATION (Kind of work di it working life, even if cetire I Reacler 40%		USINESS OR Office
e executed within 24 and campletely filled remave carban paper on any event, within 7	130	USUAL RESIDENCE (Where deceorssion) STATE	ed lived, if ins	titutian: Residence before	13c CITY OR TOWN Hyattsville	3d INSIDE CITY LIMITS?		3	
be executed within 24 haurs after death, and campletely filled in by the funeral e remave carban papers. Pages frog I in any event, within 72 hours after death	14 1	ATHER'S NAME First Alonz	Midd Pik	le Last	is. MOTHER'S A	MAIDEN NAME First	Middi		Lost
fuerte by system please al, and i		WAS DECEASED EVER IN U.S. ARI		16b. SOCIAL SECURITY	· ·	P Grimes	Addre	ville, Md.	
O HOSPITAL OR ATTENDING PHYSICIAN: The linw requires that the death certificate be executed within 24 Page 4 may be retained by the hospital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72	MEDICAL CERTIFICATION	Conditions, if any, which gave rise to immediate couse (o) stoting the underlying couse last.  PART 2 OTHER SIGNIFICANT CO  TO DATE OF OPERATION 19b  21d ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DEA  21d INJURY OCCURRED  While Not while 1	D BY: ATE CAUSE (a) DUE TO, (b) DUE TO, (c) NDITIONS CONT CONDITION FOR H H HOUR / ner) PLACE OF INJU	OR AS A CONSEQUENCE OF  CONTROL  OR AS A CONSEQUENCE OF  RIBUTING TO DEATH BUT N  AND CONTROL  A	OT RELATED TO THE TERMIN  REGERMED 20G AUT  YES [  21c. HOW INJURY O	CCURRED (Enter not	20b. IF YES, WERE FINDIN CAUSES OF DEATH? ture of injury in Part 1 or Pa	BETWEEN ON TUNES  THE STATE OF	AT AND DEATH  CLS  CLS  CLS  CLS  CLS  CLS  CLS  CL
Page 4 may be retained by the hospital ar attending TO HUSEAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta	230	22d PHYSICIAN'S NAME (Type) ROCE BURIAL, CREMATION 23b.	Mile ER DATE	5. W/L	DEGREE PHYS.  220 AU  CEMETERY OR CREMATORY	DING MED DIRECTOR	US YORK 3d. LOCATION (City or Town)	8/14/ AVE. N (Caunty)	(State)
2 2 2 % 30M REV.	24.	FUNERAL DIRECTOR	g 16, I	ADDRES	Hill Cemete attsville, M	2So. REC'D BY RI	Suitland Pro EGISTRAR 1968 PRO 1 6 1968 PRO	RARS S GNATURE	id.



-	= 400		ID STATE DEPARTMENT OF H , 301 W. PRESTON STREET, BALTI		
_	100	103	CERTIFICATE OF DEATH		0.00
	DECEASED-NAME First (Type or print)	M.ddle	Lost	2a. DATE OF DEATH Month Day	2b. HOUR
	RODE		Pittman	August 30	1968 2:45PM
j. :	SEX	4 RACE	S. DATE OF BIRTH	last birthday)	IF JADER I YEAR IF UNDER 24 HRS WONTH'S DAYS HOURS MIN.
^	Male BIRTHPLACE (Stote or foreign	Colored 7b. CITIZEN OF WHAT COUNTRY?	12/25/95	72 YRS.   9. COUNTY OF DEATH	
(Q)	Untry).  CEO CG I CU  CITY OR TOWN OF DEATH	USA	MARRIED MIDOWED DIVORCED	Prince George's	Md.
)	CITY OR TOWN OF DEATH		ISTITUTION (If not in haspital 12a, USUA	L OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
	Cheverly	give street oddress)  Prince Geo.	Gen. Hosp.	ast of working life, even if retired.)	INDUSTRY
	USUAL RESIDENCE (Where deceose	d lived; if institution: Residence before	13c, CITY OR TOWN 13d, INSIDE CITY EL		
	Maryland	1 (1)	Waldorf YES NO	- Itt. 1, DOX 11	
4.	FATHER'S NAME FIRST	B Middle O' Lost	15. MOTHER'S MAIDEN NAME F	irst Middle	Lost
16	BOBET a. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY	NO. 17 INFORMANT	Address	
10		r or dates of service)	Joseph H. Pitt	mare - Same a	es above
	18 CAUSE OF DEATH (Fotez only	one couse per line for (a) (b) and (c	11	777000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and (c) BY:  (E CAUSE (a) 1 - 72 000	CENEIL GROW	VASCLE JR DISEAS	GENTLEN DRISE AND DEATH
	127	DUE TO, OR AS A CONSEQUENCE OF		PRUSTIBLE	1
	Canditions, if any, which gove	(b)			
	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
	last.	(c)	·	<del></del>	
	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
01	19a, DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
FICATION	E TAL DATE OF OPERATION	OND HON FOR WINCH OF ERRITOR WAS F	YES NOW	CAUSES OF DEATHS	NOTICE IN CENTIL PRO
(FPT		216. TIME OF INJURY		r nature of injury in Part 1 or Part 2 It	em 18 j
MEDICAL	Greentributing Cause of Death	HOUR A.M. Month Day Yeo	r 19		
RAFI			ACTORY) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
	at work ot work				
	22a. I certify that (14 (this	s hospital) attended the decea	sed fram August 29, 19	68, ta August 3019	<b>68</b> , that (4) (we) lost
	saw the deceased at couses stated above	ive on Angust 30.	19_68, and that in (my) (aur) api body after deoth	nian death accurred on the dot	e ond hour ond from the
	22b SIGNATURE	01/02/	'	22c. D	ATE SIGNED
	.725.	d'lucison	DEGREE PHYS D		30/68
	22d. PHYS CIAN'S S	aul W. Rosen, M.	D. 22 PATRICE Ce	orge's General Ho	spital
-	1,1301			Cheverly.	Maryland
23	o BUR AL, CREMATION, 23b C PEMOVAL (Specify)	nt w/ o 230 NAME O	TENS Ch. COM.	23d LOCAT ON (City or Town)	(Coopy) (Sinte)
24	FUNERAL DIRECTOR	ADDRES ADDRES		Y REGISTRAR / 25b. REGISTRAR S	SIGNATURE
	Elsma For	me ( Home. Ban	DATE SEF	6 1968 Jelian	nes Judge



- 1				MARYLAN	D STATE DEPART	MENT OF HEA	ALTH .		
	_		DIVISION OF	VIȚAL RECORDS,	301 W. PRESTON	STREET, BALTIM	ORE, MARYLAND 2	1201	
	-	12	BAS	FILM G40	CERTIFICATE O	F DEATH		1:30	10
		CEASED-NAME First	O N	Middle	Lost		2a. DATE OF DEATH	B. 4	2b. HOUR
L	(1)	(pe or print) Blaz	nch	L.	Pletcher	1	Aug	1, 1968	6:05PM
	3. SE)	(	4 RACE		S. DATE OF		6. AGE (In	years IF UNDER I YE	
		Female	Caucas	ian	11	Sep 187	9 last ortho	80 YRS.	AYS HOURS MIN
	70. B	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED NEVER N	MINITUTE (	COUNTY OF DEATH		
		ssouri	U.S.A.				RINCE GEO		Md
Æ		TY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR IN	STITUTION (If not in haspita	il 12a USUAL (	OCCUPATION (Kind of wo	ork dane 125 KINI ret red 1 INDUSTR	D OF BUSINESS OR
		drews AFB		colm Gr	ow USAF Ho	sp "Hou	Sewife even it	ret red ) INUGSIK	.1
		USUAL RESIDENCE (Where deceo	sed lived, f institution	on Residence before	13c CITY OR TOWN	3d. INSIDE CITY LIMITS	_		
Ŀ		MU	Frank		Pacific	YES NO	OHION		
Ž.	14. F	ATHER'S NAME First	Middle	Lost		MAIDEN NAME First		Middle	Lost
Ļ		C.	C:	CLO			LLIE	HEN	
ш	16α. Υε	WAS DECEASED EVER IN U.S. AR	MED FORCES? wor or dates of service)	16b. SOCIAL SECURITY		_28_Wes	stover Ave		ng
ŀ	- 1	rs, no or unknown) (# yes give				E. PLET	TCHER	AFB D.C.	DAAL WALL
-	-1	<ol> <li>CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE</li> </ol>	D. RV					BETW	PROXIMATE INTERVAL FEEN ONSET AND DEATH
		IMMEDI	ATE CAUSE (o)	<u>Ispiration</u>	1				
		4037	,	A CONSEQUENCE OF					
		Conditions, if any, which gove rise to immediate couse (a),	(b)		<u>lerotic cere</u>	brovascul	ar disease		
- 1		stating the underlying couser	DUE TO, OR AS	A CONSEQUENCE OF					
- 1	ļ	lost. 3 3 4 V	(c)						
- 1		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO THE TERMS	INAL DISEASE OR CON	DITION GIVEN IN PART 1(	0)	
н	<u>⊗</u>	Intertrocl	anteric i	cracture :	ncurred Jul	y 17, 196			
χĺ	CERT.FICATION		CONDITION FOR WHIC			JTOPSY?	CAUSES OF DEATH?	INDINGS CONSIDERED I	N CERTIFYING
	ER I	18 July 68 I	lip fracti		YES		(1 0 0 1)	0 . 0 . 1	
		THOR CONTRIBUTING THE CAUSE OF DEA	TH HOUR AM	Month Doy Year	21c HOW INJURY	OLCORRED (Enter no	ature of injury in Part 1 c	or Part 2, Item 18.)	
ı	MEDICAL	(If either, natify medical examination 21d, INJURY OCCURRED 21e	iner) P.M.	17 1-2015 54201 57205		0.00			-
ı		While Not while of work	PLACE OF INJURY	OFFICE BUILDING, ETC	CTORY ) 21f. LOCATION S	freet or K.P.D. No.	City or Town	County	Stote
1	H	of work of work	to house to O and	- 1- 1 ab - 1	- 1 f	- F7 30 /c	10.1 7	10 (0 )	had the total
ı		220. I certify that (1) (the saw the deceased c	nis naspital) attei Nive on A	nded the deceas	ed from July 19 68 and that in 1	(aur) aninio	on death occurred o	n the date and h	nat (1) (we) last
١		couses stoted obov	e, (I) (207e) (did) (	did not) view the	body ofter deoth.	(my) (dor) dpmic	on acam occorred o	ii iiio dale bila iic	ioi and from me
1		22b. SIGNATURE	1/	1		minic — Mro.	CTAFF	22c. DATE SIGNED	4 - 1
ı	-1	Claur H.	Herrin	otn	DEGREE PHYS.	IDING MED.	CTOR STAFF	1 Hu	9 68
ı	ſ	22d. PHYSICIAN'S		0		ADDRESS			/
1		NAME (Type)ALAN	G HERRIN	NGTON MA			I GROW USA		EWS AFB
1		BURIAL, CREMATION, 23b	DATE	23c NAME OF	CEMETERY OR CREMATOR	1 1 3	23d LOCATION (City or To	own) (Caunty)	et / (Stote)
ļ		CEMATION (	-2-68	(201	R HIII	melery	SuitLAN	10, 19	ý
2	4	FUNERAL DIRECTOR 1301	n tuner	a L APPRESS	ie.,	2So. REC'B BY R		EGISTRAR'S SIGNATURE	
1	: 7	UITLANO	MAK	YLAN	(V.	DATE AUG	8 1968	ycharles	Loughan.

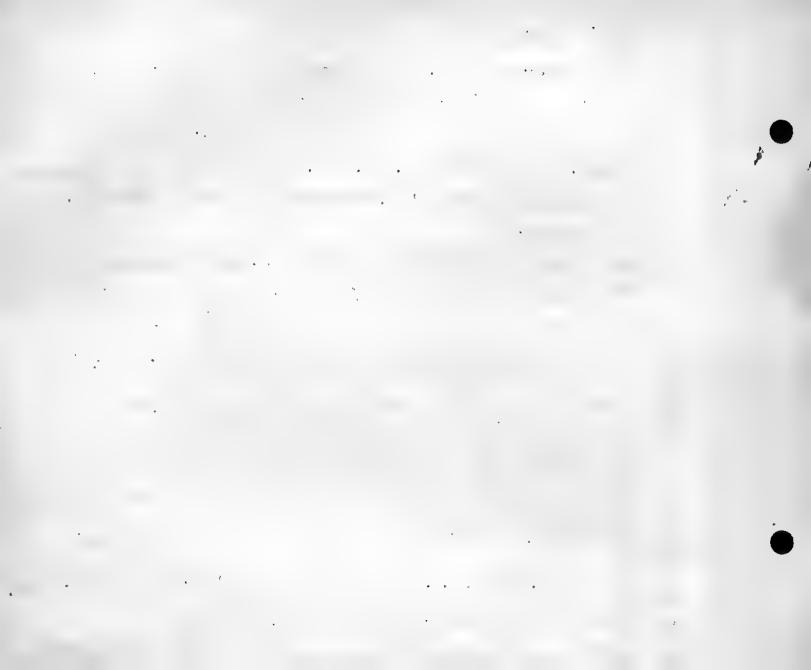


1	MARYLAND STATE DEPARTMENT OF HEALTH	
- 1-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201/3/68 kk	017
Ī		21 68 2b_Hous
3	SEX 4 RACE S DATE OF BIRTH 1921 6 AGE (n years F JNDER YEAR IF UNDER 24 HES DOY 21 HONDER DEAD MONTHS DOY 21 HOURS MAIN MONTHS DOY 21	Yeor 1968 6:25
0	8 RTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH UNITY) 1 Pnn. U.S. A WIDOWED DIVORCED Prince George	Ma
10	Cheverly give street oddress) Prince George Hosping most of working the even if refreed	126 KIND OF BUSINESS OR INDUSTRY
к э	o USUAL RESIDENCE (Where deceased lived, if not lation. Residence before 13c CITY OR TOWN 13d HASDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md. 13b COUNTY Prince George Cap Height \$5 \square NO \square 817 51st St.	N.E.
14	TAMES A. Priamone 15 Moder Smallen NAME First Middle	Lost
	WAS DECEASED EVER IN U. S. ARMED FORCES? 166b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (It yes give wor or dottes at service) WW 2 Martine Brilley 159 E. Bell 37	+ Alcon Tenn
Γ	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Asphyxia during	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Out TO, OR AS A CONSEQUENCE OF Conditions, funly, which gave )  Canditions, funly, which gave )  Canditions, funly, which gave )	Minutes
	rise to immediate cause (a), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) Epilepsy	3 yrs.
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)	
CFRTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO 🔀
MFDICAL CFP		m 18)
MED	2 d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while NOT while NOT while AT WORK AT WORK AT WORK	County State
	220   certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry  death resulted fram: Natural causes*, Accident, Juicide, Hamicide, Undetermined manner    ACTUAL SIGNATURE	
2	EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdale DEPUTY MEDICAL EXAMINER of ADDRESS (Street, city, town, or county)	-68
23	REMOVA. (Spec fy) 23b DATE B-27-68 23c NAME OF CEMETERY OR CREMATORY Last Delismais	(County) (Store)
2		



~ 1 I		MARYLAND STATE DEPARTMENT OF HEALTH	
FOD STATE	3	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	012
FOR STATE		12007 MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.		Type or Print)	ay Year 2b HOUR
loy is 13 to Poge ent of	3 \$	John Eugene Proctor DEATH MATED X 8-13-	68 199:42am
3. Parelo		est birmday] \$ MORTHS DAYS   MOURS   MIN   Months Day.	Year 2d nour
any delay is 2, and 3 to PM3. Page			681910:45amm
- E 6		atrol e	
ges for	10. (		26 KIND OF BUSINESS OR
Per S 74	10. (	give street oddress) during most of working life even if retired \ IN	DUSTRY
er c Sive ng v h th	130	Cheverly Prince George General Hosp.  JSJAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CTY OR TOWN 13d MAIDE CITY, AMIS? 13e STREET AND NUMBER	
s ofter 18. Give olong olong death.		dm.ssen flate Pince George's Oxon Hill YES X NO 6528 Bock Roa	A
them 18. Give Pages Office along with fail		FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	last
		Roger F Proctor Mary A.	Proctor
miner's		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
S S S S S S S S S S S S S S S S S S S	(1	(es, no, or unknown) (if yes give war or dottes of service) Mary A. Proctor 6528 Bock	Road
in the state of th		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN OWSET AND DEATH
rute dicol		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a). Gun shot wound of chest	BETWEEN OWSEL WITH DEVILLE
exe ndiin Me		DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe iief insid		Conditions, if any, which gave 1	
ord ord ord ord ord		nse to immediate cause (a), (b)— stoting the underlying cause ( DUE TO, OR AS A CONSEQUENCE OF	
sho w th urro		(c)	
MINER: This certificate should be executed wather certificate, writing the word "pending" in the should be forwarded to the Chief Medical Exprisites.  If should be used as a burral-transit permit Fifer motion, or removal and in any event within 7		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ifico ting irde al c	×	, ,	
wri wri rwo novi	CATIC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his ote, e fo be u	CERTIFICATION		YES NO 23
tifical build buil	N CE	216 EXTERNAL CAUSE WAS PRIMARY DOLOR CONTRIBUTING HOUR A M. 216 TIME OF INJURY Manth, Day, Year 216 HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item	
cer	MEDICAL	CAUSE OF DEATH = 19:40am 8-13-40 68   Shot self with .12 gauge shot gu	
MIN the the tr fir fir fir fir fir	×	21d INJURY OCCURRED  21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City of Town forday, office building, etc.)	Caunty State
bicat Examiner: se execute the certi ector. Poge 4 should ined for your files. IECTOR: Poge 3 should o buriol, cremotion,		WHILE AT WORK A WORK EX 5442 Oxon Hill Road (driveway) Oxon Hill, Prince George	
AL AL STATE ON THE PROPERTY OF		220. I certify that I taak charge of the remains described above, held on Autopsy, Inspection 🔼, Inquiry,	
DIC.		deoth resulted fram Natural Gouses . Accident ., Suicide 🔀, Homicide ., Undetermined manner .	]
please l directo retained to DIREC		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
YY. F		SIGNATURE M.D. ASS STANT MEDICAL EXAMINER (	-1.4. <del>-</del> 68
EPU SSSGI fune oy h oy h in ES		EAAMINEKS T	-114-00
TO DEPUTY DICAL EXAMINER: This certificate should be executed was necessary, please execute the certificate, writing the word "pending" in the funeral director. Page 4 should be forwarded to the Chief Medical Ex 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file Health prior to burial, cremation, or removal and in any event within it.	22.	white types out vence who kiverdate, and whotespeed the training	(
7 - 10	230 P	(Seattle Specify) / V 9/17/6021 St Janating Catholid Church Oven	(State) <b>Hill, Md.</b>
			MININI
VR A15ME (5)		FUNERAL DIRECTOR John T. Stewart ADDISS  Stewart Funeral Home-4001 Benning Rd.N. Fair AUG 19 1968 REGISTRAN 1968	0

	1		DRUSION OF			DECANTINE		RE, MARYLAND 2120	1	
10		12	005			ATE OF D		CE, MARTEAND 2120	1201	जे .
	1 D	ECEASED-NAME First	000	Middle		Last		DATE OF DEATH		2b. HOUR
to Gran		(voe or print)	rick	H.		Purks		Month	Doy Year	1000 M
5 3 5	3 S		4 RACE 2	1. 1.~		S. DATE OF BIRTH	1	6 AGE (In years		F JNDER 24"HRS
within 24 hours after death lely filled in by the transproon papers. Pages 1 and , within 72 hours at a death		Mele.	1	"Tele		4/27			YRS. DAYS	HOURS MIN
hour s. P	70. cou	BIRTHPLACE (State or fareign	76. CITIZEN OF W US			NEVER MARRIE	U	UNTY OF DEATH	. 1 .	
24 in per in 72	_				WIDOWED			Prince Georg		Md
thin 24 filled on pape within 77	10 1	CITY OR TOWN OF DEATH	319.6 11 M	AME OF HOSPITAL OR IN street address) Prince Geo	Con-	Hoop to	during most of	UPATION (Kind of work d warking life, even if retir	ed.) INDUSTRY	
d with etely orbor nt, wi	130	USUAL RESIDENCE (Where decease	ed lived if institut	tion Residence before	13c CITY OR	TOWN 134	INS DE CITY LIM TS?	Chanic 13e. STREET AND NUMBE	Automo	biles_
in a Busha	odm	ission) STATE Marvland	13b. COUNTY	e George's	W. Hvat	tsville		3906 Queen		
e executive remove	14.	FATHER'S NAME First	Middle	Last	15	. MOTHER'S MAID	EN NAME First	Midd		Lost
din din		John Pu	rks				Cora			
e death certificate be attending physicion permit. Then please on, or removol, and	lég	. WAS DECEASED EVER IN U.S. ARM (es, no, or unknown) (If yes give w	IED FOR(ES? ar or dates of service)	16b. SOCIAL SECURITY		NFORMANT	0 5	Addre		
phys en provol	L	Yes W W	111	579 16 43	76 0	harlotte	G. Purl	ks W Hyatt	sville, M	d
		IB. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one couse per h	ine for (a), (b), and (c)	1 2		· C - 0.			NSET AND DEATH
deal tend rmit.		/ 7/ X IMMEDIA	TE CAUSE (a)	Kenjoe.	1911	137 -	The le	1+		
of the at the at sit per		Conditions, if ony, which gove)	DUE TO, OR	AS A CONSECUENCE OF		In These	1 100 211	1/ 00000	Sen	
y the emote	L	rise to immediate couse (a), stating the underlying couse	(b) DUE TO, OR	AS A CONSEQUENCE OF		2/1/200	7 2 20	7		)
PHYSICIAN: The low requires that the death certificate hospital or attending physician. his certificate has been signed by the attending physician trached for use as the burial-transit permit. Then pleas Dept. of Health prior to burial, cremation, or removal, and		lost.	(c)	Star	/	unes	( Ala	los ey forme	n; Stred	123
aquir phy: sign buric		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBL	JTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL D	ISEASE OR CONDIT	10N GIVEN IN PART I(0)	<i>V</i>	
low re nding been s the ior to	공	1936								
The lo aftend thos be see os the prior	FCATIO	190. DATE OF OPERATION 19b.	CONDITION FOR WI	HICH OPERATION WAS PI		20a. AUTOPS		20b IF YES, WERE FINDIF CAUSES OF DEATH?	NGS CONSIDERED IN C	RTIFYING
te har alth	CERT	210 ACCIDENT WAS UNDERLYIN	8 21b TIME O	en Click	, ,	YES	NO RED (Enter note)	re of injury in Port 1 or Po	rt 2 Item IR1	
rSICIAN: ospital or certificate hed for u		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	Month Doy Year		JII HIGORI DELOR	KED (LINE) HOLD			
YSIC cert thed pt. o	MEDICAL	21d INJURY OCCURRED 21e			CTORY, 21f. LC	CATION Street of	r R.F.D. No	City or Town	County	State
the hard	L	While Not while at wark of work				0/11-	100	m lm	1	
by the fifer per state	L	22o. I certify that (1) (this saw the deceased a	s hospitol) ott	rended the deceas	ed from	8////	5 19	, to 0/32/	, 19 <u>65</u> , that	(I) (we) last
ATTENDING etained by th CTOR: After I should be d	L	couses stated above	live on . (1) (we) (did)	(didnot) view the	body after	d thot in (Any) deoth.	(ont) obinion	deoth occurred on th	e dote and hour	and from the
ATI Shoots 注		22b SIGNATURE	10	CONTRA	/ 1.		MED	CTAFF.	22c. DATE SIGNED	
OR DIRE		Oth	161 K	en Jackson	< / / Disc		MED. DIRECTO	OR PHYS.	8-31-62	
TAI moy AI Dog Pog Pog Pog Pog Pog Pog Pog Pog Pog P	1	22d. PHYSICIAN'S NAME (Type) Ruth E	. Jakob	v. M.D.	0	22e. ADDRES	S Georeg	e's General	Hospital.	Cheverly
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cappletely filled in by the director, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon papers. Page should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours	72-			23c. NAME OF	CEMETERY OF			LOCATION (City or Town)		(Stote)
Page O Fu director	230	DEMOVAL (C 4.)	pt 3, 19			h Cemet		haptico	(Castily)	Md
VR A15 (4)	24.	FUNERAL DIRECTOR	)	/ ADDRESS		2	a. REC'D BY REG	SISTRAR 25b. REGIST	RAR'S SIGNATURE	
30M REV		TExsche &	2000/	Halipra	Ke a	214	ATSEP -	4 1968 yea	corles you	*
11/2/1	-			/		1				



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1 0 0 4	4
HEALTH DEPT.		Year 25 HOUR
	DECEASED-NAME   First   Middle   Lost   2a DATE KNOWN   Month Day	19 2:15 pm
deloy is and 3 to 13 Poge	3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOLR
9 5 Th 44	Male White 5-4-1916 52 YRS HOURS MIN Manth Day 68	19 2:38pm N
	70 BIRTHPLACE (Stote or foreign country) Virginia  75 (IT ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Prince George's	M
offer deoth 8. Give Poges along with fo	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 its U.A. OCCUPATION (Kind of work done 112b, KIND	OF BUSINESS OR
ve P y win	Cheverly Prince George Hospital during most of working life even if settred INDUSTRY	Station
s after 18. Given a clong 2 with death	130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c city OR TOWN 13d INSIDERLY LIMITS? 13e STREET AND NUMBER	
hours after deoth tem 18. Give Pag Office along with and 2 with the Sta offer death	odmiNaryland   Prince George Maryland Park   YE   NO   6512 Buchanan St.	
	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	Frank Pyles Unknown  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
w.t your xar xar xar xar xar xar xar xar xar xa	(Yes no or unknown) 1945? or dotes of service) 579202218 Catherine E. Pyles, same as # 13, Wi	
	PART I DEATH WAS CAUSED BY Heart Pailing	PROXIMATE INTERVAL VEEN ONSET AND DEATH 1UTOS
pending" sit permit	14/2 9 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease un	known
eve iie pe	Conditions, if any, which gave (b)	
hould to word ' the Chi uniol-tra	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be one word "pe to the Chief buriol-transit	last (c)	
ficote ing th ded t as o as o I, ond	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certil writh orwor used mova	19d. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 WAS PERFORMED?	AUTOPSY?
his ote, ote for the form		YES NO.K.
無品 골 인	21a EXTERNAL CALSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)	
NER NER Shou files Shou ation	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town County	State
<b>≥</b> ± 4 ⊨ ° ∈	WHILE AT WORK AT WORK AT WORK	2/0/6
L EXA recute Poge for you R: Pag		d in my apinian
SICAL Ese executor. Po ned for ECTOR:	death resulted fram. Matural causes 🔼 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	, ,
please e I director retained DIRECT or to bu	CHIEF MEDICAL EXAMINER	
PTY, ple eral disperse prior	ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER 226 DATE SIGNED  DEPUTY MEDICAL EXAMINER STATE  8-5-	40
necessory, pleose est the funeral director.  5 may be retained of FUNERAL DIRECTOR.  Health prior to bur	EXAMINERS -	-00
TO DEPL necesso the fun 5 moy 10 FUNE Health		(Fana)
5 12	Buria (peck) 8-8-68 Fort Lincoln Cemetery PG County, Maryland	(State)
	4308 Stitland Rd. SE, Suitland, Maryland  250 RECUBY REGISTRAR 1988 RECUBY SIGNAL AND AUG 12 1988	Credital.
VR A15ME (5)	4308 SMitland Rd. SE, Suitland, Maryland	1 0



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
Company of the Compan	12007 CERTIFICATE OF DEATH	
oth.	1. DECEASED NAME First Middle Lost 20 DATE OF DEATH 25. HOUR (Type or print)	
deot peral	(Type or print) Mattie M Randall 8 Month 14 Doy 68 3	M
ē £ kē	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 14 AR is under 24 AR:    S. DATE OF BIRTH   6. AGE (In years   15 UNDER 14 AR:   Idst, burthday   Months Days Hours   Months Days Hours   Months Days   Mo	<u>.</u>
	Female Colored 02-02-70   last hirthday) YRS.   MONTHS DAYS HOURS AND	
hour by	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	-
d in d in 72 l		Nd.
rii e e e e e e e e e e e e e e e e e e	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 3120 1ISHA1 OCCUPATION (Kind of work done 125 KIND OF DISINESS OR	_
ate be executed within 24 hours after deoth ician act completely filled in by the Transfer lease remove corbon papers. Page 19 and 3 and in any event, within 72 hour strenges that	Hyattsville Hyattsville Nursing Home Houstwill	
ed cor	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. WISIDE CITY LINETS? 13e STREET AND NUMBER	
	Wash., D. Q.   1356 E. Capitol St., N. E.	_
<b>3 3 5 5</b>	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME FUST Middle Lost	
/5 3 71	unknown unknown	
icate by	16c WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes gree wor or dates at service)	
requires that the death certificate physician. Signed by the ottending physician burial-tronsit permit. Then pleas burial, crematian, or removal, and	579-52-4775	=
ing h c	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	<del>,</del>
end mit.	PART I DEATH WAS CAUSED BY Cerebrorascula, accedent 2 months	را
ne off per idn,	DUE TO, OR AS A CONSEQUENCE OF	
at the the mait	(conditions, if ony, which gove) (b) (colored at the selection the leave the course (o))	
troy troy	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Jires nysic ned rial- rial,	lost (c) flanda dillustrice compression compression	4
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician property, page 3 should be detached for use as the burial-tronsit permit. Then play should be filed with the State Dept. of Health prior to burial, crematian, or removal,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
law ndin bee bee	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
he otte has	₩ CAUSES OF DEATH?	
N: T or or or us	210 ACCIDENT WAS UNDERLYING 1215 TIME OF INJURY 1216 HOW INJURY OF CITIERED. (Foller nature of injury in Port 1 or Port 2, them 18.)	_
in in its and	OR CONTRIBUTING CAUSE OF DEATH    HOUR A.M.   Month   Doy Year	
IYSI Tosp Chec Pt. c		_
he he he left this De	While Not while of work of work	
ING Dy 1 Ter Se d	22a   certify that (1) (this hospital) attended the deceased from 19. 19. 6. 4, to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	ıst
ENDING ned by R: After uld be the Stat	saw the deceased alive an	10
Tie Post	226 SIGNATURE 22c, DATE SIGNED	_
OR J	Cycling of Hond Claydegree Attending of MED. DIRECTOR D STAFF Clay 14 68	-
V Po	22d. PHYSICIAN'S NAME (Type)  A. O. F. H. D. C. F. M. 22e. ADDRESS  22e. ADDRESS  22e. ADDRESS  22e. ADDRESS	_
PIT mo	NAME (TYDE) H. JU HADLEN 4601 NICHOLS AVE PL	
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog should be fi	230 BUR AL REMATION, 235 DATE 231 NAME OF CEMETERY OR CREMATORY 23d OCAT ON KINGO TOWN) (County) (State)	=
5 5 5 E	REMOVA. (Specify) 8-17-1968 Lincoln mem, Cem Suilland mil	
VR A15 (4)	24. FUNERAL DIRECTOR  ADDRESS	
30M REV 1/38	HSWashington 45 4435 Debne ass DATE AUG 20 1968 yellarles Judges	_



1 %	1	MARYLAND STATE DEPARTMENT OF HEALTH	&17 Filmolol.
7	/12	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15-68kk	16 97257
FOR STATE			у Га ного
HEALTHY LIPPIN		ECEASED NAME First Middle Lost 20 DATE KNOWN Month Do Type or Print) OF ESTI-	
Poge is	2 5	George E Reid III DEATH MATED 8-5-6  EX 4 RACE   S DATE OF BIRTH   6 AGE (m years   F UNDER YEAR   F UNDER 24 HRS   20 DATE PRONOUNCED DEAD	8 19/4:55amM
	3 5	1 1 - 1 9 1 9 1 Inst highday 1 MDMTHS DAYS HDHRS MIN Hawsh	
PM3,		Male White 4-20-1948 1920 YRS 8 59	68194:55am M
e Den		Md II S A	n.i
fo for a factor of the factor	10. 6	STY OR TOWN OF DEATH	b KIND OF BUSINESS OR
Z VX		Riverdale Leland Memorial Hospital during most of Memorial Hospital	staurant
	130	1 STIAL RES DENCE (Where decensed used if institution: Residence haforal 13c (TTY OR TOWN 13d INSIDE CITY DMITS? 13e STREET AND NEIMBER	
hours after 18 G	0	dm Maryland Prince George's College Park YES NO D 5013 Cherokee	Street
ffice Ind 2	14. [	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
thin 24 haurs after death. Siny de not in Item 18 Gree Papes 1, 2, and niner's Office doing with form PM3, pages 1 and 2 with the State Departments after death.		George E. Reid Jr Elizabeth Long	
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT L. Reid ADDRESS (es, no, or unknown)   Illyes give was or dotes of service)	
		no 213 56 6350 College Park	
ed r in al Es if. Fi		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY Bilatoral bemotheras	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
ing ing adice		MMIDIATE CAUSE (a) DEECOCICE TO	
exe end if p		DUE TO, OR AS A CONSEQUENCE OF Fracture of ribs	
t be Thier rans		Conditions, if ony, which gove ) is to immediate couse (o), (b)	
ould work he ( ial-t		stofing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
he v he v ta t		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ical Examiner: This certificate should be executed within 24 hours after execute the certificate, writing the word "pending" in pencil in Item 18 Granton. Page 4 should be farwarded to the Chief Medical Examiner's Office along at far your files.  CTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the burial, cremation, ar removal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REDATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rrtifi vard ed c	TION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
fary fary	CERTIFICATION	WAS PERFORMED?	YES NO 📆
Thi ficat be d be ar r	(ER)	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury to the company of t	ephone pole.
ER: certification auld auld haul	MEDICAL	PR MARY TO OR CONTRIBUTING 12:45am 8-5- 1968 Passenger of car which went out o	f control and
AIN he shows a state of the sta	ME	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street,	County State
bical Examiner: se execute the cert ector. Page 4 shauld ned far your files. tECTOR: Page 3 shaulds.		WH.E NOT WHILE S 3700 block Fairland Road, Beltsville, Maryland Prince Ge	orge Co.
Xector Parties (1981)		22a   certify that I taak charge of the remains described above, held an Autapsy 🔲, Inspection 🔀, Inquiry 🔲,	
olcase e, director, etained DIRECTOR In to buy		death resulted from: Natyra couses Acciden 🕱 Suicide 🗌, Hamicide 🔲, Undetermined manner 🗌	
please direct retaine or to bar		ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF DATE SIG	
Y, p rral re re Pria		SIGNATUREMD ASSISIANI MEDICAL EXAMINEK	5NEU 5—6—68
EPUTY SSSary, p funeral ay be r INERAL ith price		EXAMINER'S	-0-00
necessary, please execute the the funeral director. Page 4 st 5 may be retained for your fit of LUNERAL DIRECTOR: Page 3 Health prior to burial, crema	720	THE POLICE IN TH	aunty) (State)
7	230	REMONITIES   Aug 8, 1968   Ft Lincoln Cemetery   Colmar Pro	
	24.	FUNERAL DIRECTOR 250 REG STRAR S SIG	
VR A15ME [5,		P. Gasch's Sons Hyatteville, Md.	Mas Judge



10	Y.		DIVISION OF V		D STATE DEPARTM		ADVIAND 01001		
-		12	005 tems	7a & 70	301 W. PRESTON ST ERTIFICATE OF	DEATH ER	AKILAND ZIZUI	1191	i
e MA		ECEASED-NAME First		Middle	Lost	2a. DATE	OF DEATH		2b HOUR
e e e	1	Type or print)	Charles	E.	Rile	y Augu	st Month 2,	1968 <sup>9607</sup>	12:33 M
5 × 5 4	3. 5	EX	4 RACE	·	S. DATE OF B	1903	6. AGE (In years	1F UNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HRS
the the ages		Male	Caucasi	.an	Augu	st 22, 1968×	last birthday) YR		MORK? WIN
hours of hours hours hours	70	BIRTHPLACE (State or foreign	76. CIT ZEN OF WHAT	COUNTRY?	8. MARRIED NEVER MAI	RRIED 9 COUNTY	OF DEATH		
d in 72 h	COU	Virginia	USA			nern [ ]	e_Centre 1 c		Md
	10.	CITY OR TOWN OF DEATH			TITUTION (If not in hospital	12a. USUAL OCCUPATI	e George's ON (Kind of work don	12b. KIND OF	BUSINESS OR
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or afterding physicion.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the logger. As should be detached for use as the burial-transit permit. Then please remove darboth papers. Pages I and ed with the State Dept. of Health pring to burial, cremation, or removal, and in any event, within 72 hours after death		heverly			en'l Höspita	1 during most of worki	ng life, even if setired	) INDUSTRY	
6 3 5 6 C	130	USUAL RESIDENCE (Where decease	ed lived, if institution	Residence before	13c. CITY OR TOWN		STREET AND NUMBER		
comp	M	ssion) STATE (aryland	Prince C	eorge's	Hillside	YES NO 52	37 Marlbor	o Pike,	#304
and controlled in any	14.	FATHER'S NAME First	M:ddle	Last		AIDEN NAME First	Middle		Last
ate be executician and com		Charles E.	Riley			ry Fewell		_	
equires that the death certificate be execute physicion. signed by the attending physician and complevial-transit permit. Then please remove a burial-transit permit. Then please remove a burial, cremation, or removal, and in any eve		WAS DECEASED EVER IN U.S. AR/ Yeshina ar unknown) (Hyes give y		6b. SOCIAL SECURITY I		210	Address	N -	
ohys	L	rest(9 di dilkudani)		579 34 70	002 Tehra L.	Riley, wife	Same As		
ne death cer attending p permit. The		18 CAUSE OF DEATH (Enter of	ly one couse per line	far (a), (b), and (c).	)			BETWEEN C	MATE INTERVAL INSET AND DEATH
ne death attendi permit. ion, or n		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a) AC	ute gene	ralized peri	tonitis with	right sub	-	
e d atte	П	112	DUE TO, OR AS	A CONSEQUENCE OF	hepati	c abscess.			1.
the sit	П	Conditions, if any, which gave rise to immediate couse (a),			hemicholect	omy and anas	tomosis.	110	days
tho on. by ron	П	stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF	e .1 .	•			
squires that the physicion. signed by the burial-transit burial, cremat	П	last ,	(c)_Ad	enocarci	oma of the	colon.			
equires tho physicion. signed by burial-fron	П	PART 2. OTHER SIGNIFICANT CO	IDITIONS CONTRIBUTION	IG TO DEATH BUT N	OT RELATED TO THE TERMINA	AL DISEASE OR CONDITION G	VEN IN PART 1(0)	6)000	1.0
ing ing the	8	1. Conjesti	- Thea		1,(2)0Cd			(S) COL	ferel
s broom	CERTIFICATION	190. DATE OF OPERMION 196	CONDITION FOR WHICH	OPERATION WAS PE			IF YES, WERE FINDING SES OF DEATH? <b>Yes</b>	S CONSIDERED IN C	PRTIFYING
The season of th		to him	ununu		100				
AN: al or core		21a. CACCIDENT WAS UNDERLYING CAUSE OF DEA		NJURY Manth Day Year	21c. HOW INJURY OF	CURRED (Enter nature of s	njury in Port 1 or Part	2, Item 18.)	
printing B.C.	MEDICAL	(if either, notify medical exami	ner) P.M.	· 19					
hos de de pt	≥	While Not white 1	PLACE OF INJURY (A	t home farm, street, far ffice building, etc.	TORY.) 21f LOCATION Stre	et or R.F.D. No	ity or Town	County	State
te Data te Dat		at work at work "	* 1 * 1			107 77 4-		Den sha	(1) ( ) ) .
DIN by be Sto Sto	П	22a. I certify that (I) fits	is sociated) aften	ded the decease	968_, and that in (m	, 1967, to	h accurred on the	19 <u>68</u> , that	(!) (349) last
ned ned the the	1	causes stated abov	(l) xwex (l)	pinot) view the	bady after death.	(A) ZOSS abuttou den	is decorred on the	adre dita nadi	and main me
AT ATI	П	22b GMATURE	0/0			0344 - 244	STAFF 22	C DATE SIGNED	_
OR DIRE e 3 ed v		Thomas M.	Tortel	704	DEGREE PHYS	ING XXX DIRECTOR C	STAFF STAFF	-2-68	
AI Dog	$\vdash$	22d. PHYSICIAN'S			22e. ADI				
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the prior to burial, creating the state of the burial, creating the state of the burial, creating the state of the state of the burial, creating the state of the state		NAME (Type) The	mas M. Hu			5 Landover R	d., Landov	er, Mary	Land
HO.			DATE		CEMETERY OR CREMATORY		ITION (City or Town)	((ounty)	(State)
5 5 5 E			6-68		Hill Cemete		land, Princ	ce George	s Md
VR A15 (4)	24.	FUNERAL DIRECTOR Robert	E. Wilhe	1m Fumers	1 Home	25a. REC'D BY REGISTRAT	25b. REGISTRA	R S SIGNATURE	•
30M REV 108	L	4308 Suitland H	coad, Suit	Land, Mai	yland	DATE AUG 8	1968 gc	Carley &	refer_

. . 3. E . 6. No. 6 . , ,

1 7/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
N	12010 CERTIFICATE OF DEATH	018
death neral and 2 death.	1 DECEASED-NAME First Middle Lost   20. DATE OF DEATH   Month   Donald   L.   Riley   Aug.   29. 196	Yeor 2b. HOUR
hours-often b in boars I hours after		ER I YEAR IF UNDER 24 HRS.
Vin breez	70 BIRTHPLACE (Stote or foreign country)   7b. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   WIDOWED   DIVORCED   Prince George's	Md
within 24 ho	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR DUSTRY
	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE  13b. COUNTY  Prince George's College Park  13c. CITY OR TOWN  13d. INSIGE CITY LIMITS?  13e. STREET AND NUMBER  13e. NO   85 Edmonston Rd.	7770.
ate be executed y crean and cample lease remaye can and in any event,	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Clerine Belle Isle	Lost
inficate b hysician n please ral, and i	16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no prunknawn) (It yes give wer or dottes of service) 217-30-0733 Mrs. A. L. Riley 85-address 17-30-0733	noton Que
ATTENDING PHYSICIAN: The law requires that the death certificate be executed estained by the haspital or attending physician.  CTOR: After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove caith the State Dept of Health prior to burial, cremation, or removal, and in any eventity the Examiner notified and approved		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  S INTERVAL
The law requires than ottending physician. has been signed by se as the burial-transh prior to burial, crenth fight and and appressive the control of the co	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ICIAN: The law repital or attending ratificate has been of for use as the af Health prior to notified	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDER YES NO 22b. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Port L or Port 2. Item 18	RED IN CERTIFYING
YSICIAN: aspital or certificate hed for unot at af Health	Litt eliner, notity medical examiner)   F.m. 19	)
bing Physicial by the haspital free this certifica be detached for State Dept of He	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town. Cour While 1 Not while of work of work	nty Stote
ATTENDING PHYS etained by the has CTOR: After this ce should be detache vith the State Dept 1 Examiner	22a. I certify that (I) this is spital attended the deceosed fram 19 february opinion death accurred on the date on causes stated abave, (I) (wed (did) this cor) view the bady after death	_, that (1) (425) last d hour and from the
OR be re be re be re d we ded w	221/ SIGNATURE  DEGREE PHYS  TENDING MED STAFF 222 DATE SI  PHYSICIAN'S 222 ADDRESS  WAME (Type) 7. 5. 18 CENTRAL PHYS  TO STAFF PHYS CIAN'S C	30/68
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill	23a BUR AL, CREMATON, REBOVAL (Specify) 4/3/68 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn). (Cashington)	n Dic.
OM REV	Hillon Tuneral Home Barnerville DASFP 4 1968 Clientes	Judge

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						DIVICION OF				ENT OF HEA		ND ATOM		
- Ton	and a	-			12014 121	DIAIZION OL	VITAL RECORDS,		CATE OF I		KE, MAKTLA	ND 21201	1 101	.)
	ب نے	-27 H			CEASED-NAME First		Middle		Last		DATE OF DEAT			2b. HOUR
	Jeat	1 5 E		(1	ype or print) Geral	dine	Elaine	1	Roberts		1	Worth Do	5 Ye 68	10 20 A.M
	10	画。		3. SE	X	4. RACE			S. DATE OF BIR	ETH	6. A	GE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	=	- 6 ×			Female	Whit	e		9/26	/25	los	birthdoy)	MONTHS DAYS	HOURS MIN.
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	يَ فِي	er the			22o. I <b>certify</b> that (I) (thi	e hoenital) att	anded the decore	ed fram		, 19	to	10	, that	(I) (wa) last
	a a	d be St			saw the deceased al	ive on		9 , an	d that in (my	/) (our) opinian	death occur	red an the de	ate and hour	and from the
	Hine i	a Below			couses stoted obove	, (I) (we) (did)	(did not) view the	body after	deoth.					
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	=	=		_	FUNERAL DIRECTOR		ADDRESS			2So REC'D BY REC		Sb REGISTRAR'S		
		VR A15 ( 30M REV 1	4) 1768 A	4	Whert E. Datie	T G SON		rick,		DATE AUG 2				1.0
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 030 CERTIFICATE OF DEATH deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY o. STATE b. COUNTY PORGE MARYLAND b CITY OR TOWN (If outside corporete limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) SINGRAVIE NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? papers YES 🗌 NO X corban NAME OF Middle DATE Doy DECEASED OF DEATH (Type or print) 7. MARRIED YEAR SEX 6. COLOR OR RACE AGE (In veors NEVER MARRIED last birthday) Months Doys Hours WIDOWED DIVORCED 10g USUAL OCCL PATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b during most of working life, even if retired) INDUSTRY COUNTRY ? WASHINGTON MERCHANT WUDR 13. FATHER'S NAME permit. Then pl 14 MOTHER'S MAIDEN NAME or removal, ASS ER MAN 1S WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) signed by the offer burial-tronsit perm buriol, cremation, o 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH mari IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove ase to immediate couse (a), DUF TO stoting the underlying couse hos been be detoched far use as the Stote Dept. af Health prior to last. LL PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS ALTOPSY PERFORMED? NO DO TO FUNERAL DIRECTOR: After this certificate O HOSPITAL OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) at work of work 21. I certify that (1) (this hospital) attended the deceased fram may 5 1968, that (I) (we) last page 3 should to Page 4 may be retained 196 and that death accurred at 6,20 M, from causes and an the date stated above. saw the deceased alive an 22d ISIGNATURE DATE SIGNED **ATTENDING** M.D DIRECTOR PHYSICIAN S 22d ADDRESS director, po should be f NAME (Type) AVE. COTTAGE CITY 298 298 DATE THEREOF NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23d. LOCATION (City or Town) (State) REMOVAL (Specify) CEM. WASHINGTON -OHEV SHOLOM-TALMUD TORAH 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



	ı	MARTIAND STATE DEPARTMENT OF HEALTH
	=	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
And Thirtiese,	-	12013 CERTIFICATE OF DEATH 221
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TENDING ined by th OR: After to ould be di		saw the deceased alive an
ATTER ATTER CTOR: Should with th		couses stated above, (I) (we) (did) (did-not) view the body after death
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L OR / be r DIRE	l	22d. PHYSICIAN'S DEGREE PHYS DIRECTOR PHYS 220. ADDRESS)
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Poge O FU direct shot	23 a.	BURIAL, (REMATION, 23b REMOVAL (Specify) 8	DATE - 23-6	8 23c. NAME OF	CEMETERY OR			LOCATION (City	ESTER	(County) FREDERICE	(Stote)
VR A15 (4) 30M REV 1/68	24	FUNERA. DIRECTOR	2	ADDRESS WINSHE		2/0 250	o. REC D BY REG		Sh REGISTRAR S	SIGNATURE	sign.
30M KEY 1788		/		100000000000000000000000000000000000000	-,,	DA	ATE AGO				0



	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	10010 CENTITIONE OF DEATH
ap of a	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH AUGUST Month 10 Doy 1968 A. HOUR
op . de	
tours after deat by the funeral Poges I and	Formal a lost birthday) Month's Oxys Hours Min
urs Pog Pog	
in E ers. 2 ho	76. CITIZEN OF WHAT COUNTRY?  Maryland  U.S.A.  B. MARRIED NEVER MARRIED  9. COUNTY OF DEATH  Prince George  Md.
1 24 π 24 μ	10 CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF RUSINESS OF
ATENDING PHYSICIAN: The low requires that the death certificate be expected within 24 hours after death stoined by the hospital or ottending physicion.  GTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove certion papers. Pages I and should be detached for use as the buriol, cremation, or removal, and in any event, within 72 hours after deather the state Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after deather the state Dept of Health prior to buriol, cremation, or removal, and in any event.	Seabrook   give-street address)   7020 - 97th Avenue   during most of working life, even if retired.)   INDUSTRY   INDUSTRY
completely with overcarbon y event, with	130 HISHALD PER INVINE (Where decented lived if institution Peridence hearts 112 CITY OF TOWN 134 INVINE (TTY HAITS) 136 STREET AND MIMARED
e de	odmission) STATE Maryland   13b COUNTY Prince Geo. Seabrook   YES   NO   7020- 97th Avenue
ou y	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
be n or	Cornelius Reilly Mary Gilboy
sicio Sicio Jeos , an	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If you give wor or doles of service)  17. INFORMANT  Address 7020 97th Ave.
physen provol	Yes, no, or unknown) (Hyas give wor or doles of service) 218-09-9838A Mr. Herbert W. Schlickenmaier, Seabrook, Md.
re deoth cer attending p permit. The	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  BETWEEN ONSET AND DEATH
lend mit.	PART I. DEATH WAS CAUSE (a) JULIS ONCAME ECIBOLUS 14NEMATE.
he c per ilon,	Canditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if ony, which gove)  (b)  Call GES 710 t Heart FAILue-  / yea-
at the r the nsit p	rise to immediate cause (a),(
s th cion t by tra	storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c) ANTONIC-SCCOMO PIC HOMONO DISCORDED TO YEAR OF THE PROPERTY OF STREET OF THE PROPERTY OF THE PROPERTY OF STREET OF THE PROPERTY OF THE PROPE
uîre hysi gne uriol	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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low ndir bee s th	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
IAN: The low rectool or ottending professions for use as the befactor to the befactor to be the befactor to be the befactor to	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?  YES NO 20b. 16 YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  210 ACC DENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
Orte or use colt	210 ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
A Difference of the party of th	Or CONTRIBUTING CAUSE OF DEATH  HOUR A.M. Month Day Year  [If either, notify medical examiner) P.M. 19  21d INNURY Of CURRED 21e P. ACE OF INNURY A COUNTY State. FACIORY 21t LOCATION. Street or R.F.D. No. County State.
HYS hos s ce sche	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote
the detail	at work at wor
be Store	22a. I certify that (I) (this haspital) attended the deceased from 1952, to 3-1-, 1964, that (I) (we) last saw the deceased alive an 1964 and that in (my) (aur) apinion death accurred an the date and hour and from the
TEN med the	causes stated abave, (1) (we) (did) (did nat) view the bady after death.
She et oil	22b SIGNATURE 22c DAJE SIGNED
OR DIRE	DEGREE PHYS DIRECTOR PHYS. W 0-70 Cg.
TAL MAL	22d. PHYSICIAN'S Dr. Albert . Roth Riverdale, Maryland
NER 4 n	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retoined by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to	230 BUR AL (REMATION, REMOVAL (Specify) 8-13-1968   23c NAME OF CEMETERY OR CREMATORY   23d LOCATION (City or Town) (County) (State)   Baltimore, Maryland
	24 FUNERAL DIRECTOR ADDRESS 2SO REC'D BY REGISTRAR 2SD REGISTRARS SIGNATURE
VR A15 (4) 30M REV 4 (4)	Howard H. Hubbard, 4107 Wilkens Ave. 21229
11/28	



	1	MAKILAND STATE DEPARTMENT OF REALTH
	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  12017 CERTIFICATE OF DEATH
1	-	
<b>1 € -</b> (3 <b>E</b> )		CEASED NAME First Middle Last 20. DATE OF DEATH 2b HOUR ype ar print) 2 Manth Doy Year 20.
8 68	1,	SAMUEL SHACKEEFORD 8 17 68/03
The state of the s	3. SE	
the the s of	1	MALE WHITE 8-5-1895 last birthdoy) MAN MONTHS DAYS HOURS MIN
cuted within 24 hours after death empered in by the function vectorion papers. Pages and event, within 72 haurs after death		DIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   9 COUNTY OF DEATH
i i i i i i i i i i i i i i i i i i i	con	RGINIA AMERICAN WIDOWED DIVORCED PRINCE CEORGES Md.
hin 24 filled filled fhia 77		ITY OR YOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
事 長編 90		(give street address) during most of working life, even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		USUAL RES DENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
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e executed and cemp emaye on any even		
	14, 1	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
ss and in Indian		THOMPSON SHACKEFORD
e death certificate b attending physician bermit. Then please an, ar remaval, and i	16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address  17. INFORMANT  Address
thiffi on p	W	KNOWN 579-36-5364 BINEVIEW AWRSING HONGE
and The		TB CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))  APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
ath ndir iit.	ш	PART I DEATH WAS CAUSED BY Decito Congostive Heart Failure 5000
orthe erran		d 3 0 7 DUE TO, OR AS A CONSEQUENCE OF 0 1 1 1
nt the the (sit p matio		Conditions, if any, which gave 1 (1) Octor Mesos as Dead Guldertene 10001N.
- L. Y. the		nse to immediate cause (a).  Statung the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
The law requires that the death certificate be attending physician. The attending physician far has been signed by the attending physician far so as the burial-transit permit. Then please keep in priar ta burial, crematian, ar remaval, and in keep.		storing the underlying cause but to, or as tonseignment of the underlying cause lost of the labely Customer Caroles Caroles Vascular 20 yes
hysi gne urio		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (STATE OF CONDITION)
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din din th th	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED / 20a. AUTOPSY? 20b IF YES, WERE F NDINGS CONSIDERED IN CERTIFYING
tren tren as the pride	3	CAUSES OF DEATHS
T = a = a = a = a = a = a = a = a = a =	123	21a, ACCIOENT-WAS UNDERLYING 21b, TIME OF INJURY 21c, HOW INJURY OCCURRED /Enter noture of mury in Part 1 or Part 2, Item 1B.)
AN. Sicat For Hee		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
Sica split	MEDICAL	(If either, with The Great Regimer) P.M. (100)
has s ce	≥	21d INVERY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate je 3 should be detached far u ed with the State Dept. of Heal		of warle to the the the
frer Stat		220. I certify that (1) (this hospital) attended the deceased from 1958, ta 1958 That (we) lost saw the deceased alive an 1958 and that in (my) (cert) opinion death occurred on the date and hour and from the
P P P P P P P P P P P P P P P P P P P		saw the deceased alive an 3 19 6 and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated above, (I) (ear) (did) (did ear) view the body after death.
To nin H	Ι.	22b. SIGNATURE 22c DATE SIGNED .
A A A S S S S S S S S S S S S S S S S S		ATTENDING FRAMED. STAFF
Ded e be		22d, PHYS CIANS 22e ADDRESS 22
SPITAL 4 may VERAL   iar, poc		NAME (Type) A RTHILD SHALLED JP 40 8808 BRANCH AUE,
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemple 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician fand director, page 3 should be detached for use as the burial-transit permit. Then please temposhauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		110000000000000000000000000000000000000
Page O FUN Girect Shauk	23a	BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
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VR A15 (4)	24.	ADDRESS SIGNATURE 256 REGISTRAR S SIGNATURE
30M REV (1880)	1.2	1 Tro 26 7-Gd. Hope Rd. 32. DC DC AUG 20 1968 Cliones Julge.

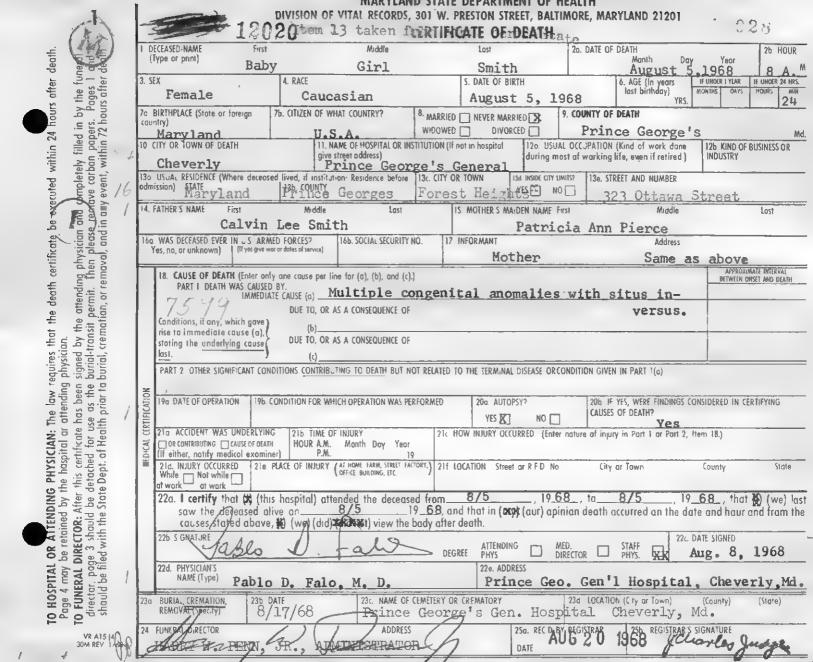


1			1201	DIVISION	OF VITAL RECOR	LAND STATE RDS, 301 W. J	PRESTON STREET, BAL		ARYLAND 21:	201		
	I	em#5, F	ilmG403				CATE OF DEATH	-4	2013		1 10!	5.6
£ 1		EASED-NAME pe ar print)	First		Middle		Lost	2o. DATE	OF DEATH Month	Day	Year	2b. HOUR
death			Frank		CSCAR		Shreve		Aug.,	7	1968	3,50AM
9 8 3	3 SE)			4. RACE			S. DATE OF BIRTH	7000	6 AGE (In yellost birthdo)	ars ()	MONTHS DAYS	HOURS MIN.
Page +	70 R	Male RTHPLACE (State of	y fore on	7h OTIZEN C	F WHAT (OUNTRY?	B	4 Dec. 1891	1889		YRS.		
in bers.	conu		n ruid git	U	SA	WIDOWED	NEVER MARRIED DIVORCED	Pr.	Geo.			Md.
vithin 24 ily filled son pape within 7	10. CI	TY OR TOWN OF D	EATH		1). NAME OF HOSPITAL ( give street address)	OR INSTITUTION (IF	not in hospitol 120. US	UAL OCCUPATION	ON (Kind of work	done	12b. KIND OF	
with bon bon		Chever			Pr.		en., Hosp.	MOST OF WORK	ng life, even if re アルスルこ	F /	/ A 74	
ecuted with completely ove corbor y event, with	13a i odmis	sion) STATE		_ 13b. COUN	stitution: Residence be TY			NO 13e	STREET AND NUM			
execution com remove	14 E/	THER'S NAME	aryland First	. Midd	Pr. Geo.	Seat	Pleasent 5 MOTHER'S MAIDEN NAME		610 62r	dd-e	Place	Last
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artificate be physician c en please ovol, and i		WAS DECEASED EVI s, na. prunknown)		ED FORCES? ar or dates of service	*) 16b. SO CIAL SECU		INFORMANT YINNE L	SHKEL	E SEA	dress 6	2 net 6	CT Md
Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7.	MEDICAL CETTIFICAT ON	PART I DEAT  Conditions, if any rise to immediat stating the unde last.  PART 2 OTHER SI  190. DATE OF OPER  21a. ACCIDENT W.  OR CONTRIBUTING (If either, notify notify not work  And work  22a. I certify  saw the	H WAS CAUSED IMMED.A  X, which gove the couse (o), riying couse of the	BY: TE CALSE (o) DUE TO, (b) DUE TO, (c) DITIONS CONT  CONDITION FO  G 21b TIM HOUR HOUR PLACE OF INJUI	AE OF INJURY A.M. Month Day P.M. JRY (AT HOME, FARM, STR OFFICE BUILDING ET  attended the de- did) (dischot) view  BRAIN	E OF  BUT NOT RELATED  AS PERFORMED  Year 19 ET FACTORY 21f  Ceosed from 7 19 19 19 19 19 19 19 19 19 19 19 19 19	deoth  REE PHYS  22e. ADDRESS  GOST	20b. CAU ter noture of all to to the noture of all	IF YES, WERE FIN ISES OF DEATH? Injury in Part 1 or Lity or Town	19_ the do	ONSIDERED IN CE	Stote (I) (we) last
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	REMOVAL Specuty		ug 10			NCCL N	134	7.07.	5 3	. ,	Ma
VR A15 (A) 30M REV	24.	FUNERAL DIRECTOR 43 · 5	SUITI	ERT 2	- DOLLINE	CRESS LIGHTEN	O Md DATE	UG 12	1968	Clie	SIGNATURE JA	uge "



	t i			MARYLAND	STATE DEPA	RTMENT OF HEA	ALTH		
1	3		DIVISION OF VI	TAL RECORDS, 30	1 W. PRESTOR	STREET, BALTIM	ORE, MARYLAND 21	1201 708 kk	1 1027
1	L	12			RTIFICATE"	OF DEATH	1 home 0/28	OO ILIL	
佳 一		CEASED NAME First		Middle	Losi		2a DATE OF DEATH Month	Dov .	Yeor 25 HOUR
		1/2/1	ER	Μ.		AD05	ang,	24, 1	968 325A
	3. 58	_	4 RACE			OF BIRTH	88 de AGE (In y	BOTS IF UNDER	
	-	male	white	400000000000000000000000000000000000000		August 18	4 4	YRS.	
	toui	BIRTHPLACE (State or foreign try) Greece	76. CITIZEN OF WHAT		MARRIED NEVE	IL WHILE TO	COUNTY OF DEATH		
	20. (	Greece	U.S.	OF HOSPITAL OR INSTITU	VIDOWED		Montgome/r/		eorge's Mc
70		vattsville	give stre	et address)	ow Mornosi	pilal 120, USUAL V	of working life, even if s	etired.) IND	KIND OF BUSINESS OR USTRY
		LSUAL RESIDENCE (Where decea			C (ITY OR TOWN	13d MSIDE CITY LIM TS			
1 25	adm	ssion) WATE Boyland	Montgo	· Len	-Iyattsvi]	VECT NOT	_		****
1		ATHER S NAME First	Middle	Last		R.S. MAIDEN NAME First		Aiddle	Lost
		Menela	us Skiado	S			Stavrianopo	ulos	
	160	WAS DECEASED EVER IN ILS ARE	MED FORCES? 16	S SOCIAL SECURITY NO.	17. INFORMA			ddress	
		es, no or unknown) (If yes give	wor or detes of service)	unknown	Mrs.	Skiados,	13 a, b, c, d	e abov	e
		18. CAUSE OF DEATH (Enter or	nly and cause per line	far (a), (b), a <u>nd (c)</u> }	, ,				APPROXIMATE INTERVAL GETWEEN ONSEY AND DEATH
		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (o)	Intraces	what h	emprompre	11-		Chan
	L	1	* *	A CONSEQUENCE OF					.01
		Conditions, if ony, which gove use to immediate cause (a),		Cerch	of th	monte			1 Day
	1	stoting the underlying couse		A CONSEQUENCE OF			A		
	П	lost	(c)	Centr		Morelens			yeer-
		PART 2 OTHER SIGNIFICANT CO	NOTTIONS CONTRIBUTIN	G TO DEATH BUT NOT	RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(o	)	
	NOI	190 DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PERFO	DMED 200	AUTOPSY?	20b IF YES, WERE FI	NDINGS CONSIDER	PED IN CEPTIFYING
	CERTIFICATION	THE OF OFERENON THE	CONDITION ON WHICH	OI ERRITOR WAS JERI V		ES NO.	CAUSES OF DEATH?	NOTIOS CONSIDER	TED IN CERTIFICIO
	CERT	21a. ACCIDENT WAS UNDERLYI	NG 215 TIME OF IN	JURY			ature of injury in Port 1 o	r Port 2, Item 18.	-1
	MEDICAL	or CONTRIBUTING CAUSE OF DEA		Manth Day Year					
	MEC	21d. INJURY OCCURRED 21e		HOME, FARM, STREET, FACTOR FICE BUILDING, ETC.	() 21f. LOCATION	Street or R F.D. No.	City or Town	Coun	nty Stote
		While Nat while at work			0				
	1	22o. I certify that (I) (the sow the deceased of	nis hospital) attend	ded the deceased	from Ann	LII, 1965	/. to_8-24	19.68	_, that (I) (we) las
		sow the deceased of causes stated abov	olive on	2 5 19 (	<u>e ĕ</u> , ond that i	in (my) (our) opinio	on deoth occurred or	the dote one	d hour ond from the
	П	22b. SIGNATURE( ) ()	e, (if (ivey (did) (di	a non view ine oo				22c DATE \$10	GNED
	L	Sorold	(C. Edg	ren M.O	DEGREE PH	TENDING MED BYS. DIRE	CTOR STAFF	1 8-2	14-68
i	Н	22d PHYSICIANS DONA NAME (Type)	LD C. F.	EDGKEN	220	e ADDRESS 3500	Exit-West H		
1		NAME (Type)				H	attent, n	1.	
	<b>2</b> 3 a		DATE		ETERY OR CREMAT		23d LOCATION (City of To	,	inty) (State)
			6 Aug. 19	68 Rock C	reek Ce	metery	Washington		7.5
		FUNERAL DIRECTOR				Z - 296ZRECDAY	612A7 1988RE	CISTAIRS FIGHT	and foreign
3	IR	inaldi Funeral	HomeInc.	. 7400 Ge	orgia Av	e. DATE		W	0

C t t t t





	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	12021 CERTIFICATE OF DEATH	
	DECEASED NAME First Middle Last 20. DATE OF DEATH  (Type or print)	
	John W. Snady 106. 28 1988 32	OPN
3	SEX  4. RACE  5. DATE OF BIRTH  OCT. 19 1880  6. AGE (In years if under year if under year in year	4 HRS M:N
70	DESIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	Tenn. US WIDOWED DIVORCED Pringe georges	Md
10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If no spital of Locupation (Kind of Work dane No Kind OF Business (	OR
Ľ	Greenbelt give street odgress) greenbelt Converted during most of working life, even if retired) INDUSTRY Farm	119
	to. USJAL RESIDENCE (Where deceased lived, if institut on; Residence before 13c CITY OR TOWN 13a MISIDE CITY LIMINS? 13e STREET AND NUMBER 17 TOWN 17 TOWN 18	1
L	NO MINCE LONG S. DETAILE IN 11621 HOUTH MOR	1
118	FATHER'S NAME First Newton Snoddy Rusen chields - Jost	
	So. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO 117 INFORMANT Address	
L	Yes, no. or doknown) (If yes give war or doines of service) Thomas N Snoddy College Park, Md	
Г	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)  APPROXIMATE INTERVI	EATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LERERCUVA SCULAR INSUFF. Z MOS.	
	Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF GEN. 4RTER! OSCLERESCE UNKNOWN	
	rise to immediate cause (a), ( 10)	10
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	PROSECTIVE HEADT TALLINEE	
CAT ON		
CERTIFICAT	YES NO W CAUSES OF DEATH?	
MEDICAL	[ (If either, notify medical examiner) P.M. 19	ate
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Na. City or Town County Street at work of work	110
	22a. I certify that (I) (this haspital) attended the deceased from 10 - 11 , 1937, ta 3 26 , 1907, that (I) (we	) las
	saw the deceased alive an AUGUS 1968, and that in (my) (aur) apinian death accurred on the date and have and from	n the
	causes stated abave, (1) (we) (did) (did nat) view the bady after death.  22b. SIGNATURE 22c. DATE SIGNED	
	DEGREE PHYS DIRECTOR D STAFF D 26 AUG 196	8
П	OOL ANDRESS	
	10.000	
230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	
24	REMOVAL (Specify) 8/30/68 Witts Foundry Cemetery Witt Hamblen, Tennessee  4. FUNERAL DIRECTOR ADDRESS 25G. RECOLDEY REGISTRAR SIGNATURE	
24	F. Gasch's Sons Hyattsville, Nd. DATE AUG 29 1968 25b. REGISTRAR S SIGNATURE	
	Direct Market	-

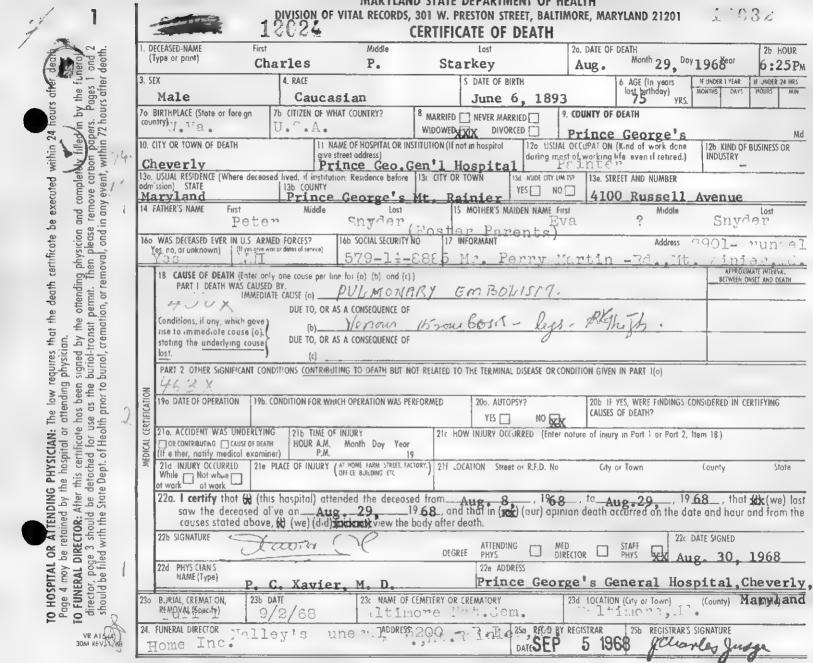
MARYLAND STATE DEPARTMENT OF HEALTH



			D STATE DEPARTMENT		
1 5			301 W. PRESTON STREET CERTIFICATE OF DE	, BALTIMORE, MARYLAND 212	01 13030
I. DECEASE	O-NAME First	Middle	Lost	20 DATE OF DEATH	2b. HOUR
Type or			Snowden	Month	Dgy 1968 3,40AM
3. SEX	Eugen	4. RACE	S DATE OF BIRTH	6. AGE (In year	IF UNDER 1 YEAR SE UNDER 24 HRS
	Male	Negro	18 April	6. AGE (In year last birthday) 80	YRS MONTHS DAYS HOURS MIN
7o BIRTHP	Male  LACE (Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED		17.3
country)		U.S.A	WIDOWED A DIVORCED		O- Md
10 CITY OF	TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	20 USUAL OCCUPATION (Kind of work	done 126 KIND OF BUSINESS OR
4	heverly	give street oddress)		during most of working life, even if reti	red.) INDUSTRY
13o USUAL	RESIDENCE (Where deceased	lived, if institution. Residence before	13c CITY OR TOWN 13d. N	NSIDE CITY LIM TS? 13e. STREET AND NUMB	ER COLUMN
odmission)	Maryland	13b. COUNTY	Glendale	NO Rt L Bo	v 139
14 FATHER		Middle Lost	IS. MOTHER'S MAIDEN		
' An	think Sno	wden	MARIA	Williams	
	DECEASED EVER IN U.S. ARMES or unknown) (If yes give war	as debe of second		/ / Addr	ess
163,110,	NO -	220-03	1733 Elizabeth	Vohnson Siame	· 43 3E
18. 0	AUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c)	.)		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED I IMMEDIATE	CAUSE (0) CARCIN	OMA OF BL	ADDER	
	XXXX	DUE TO, OR AS A CONSEQUENCE OF			
Cond rise t	itions, if ony, which gove)	(b) anes	a.ca	<u></u>	
stotir	g the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	1 - barlat	lin pamplyse	seres
lost	,	(1) Citria	C purchase		
PARI	2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISI	EASE ORCONDITION GIVEN IN PART 1(0)	
100 1	ATE OF OPERATION 196, CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	205 IF YES WERE FIND	INGS CONSIDERED IN CERTIFYING
210. 0	ALC OF CITCHION	melled tel tillet y casilet nest	YES	NO TXIX CAUSES OF DEATH?	The agreement of the control of the
	ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		ED (Enter noture of injury in Port 1 or P	ort 2, Item 18.)
₹ □ OR	CONTRIBUTING CAUSE OF DEATH her, notify medical examine	HOUR A.M. Manth Day Year		, , , , , , , , , , , , , , , , , , , ,	
21d	INSURY OCCURRED 121a P	LACE OF INJURY (AT HOME, FARM, STREET, FA		R F D. No. City or Town	County State
While	, Indi willing				
22a	I certify that (1) (this	haspital) attended the deceas	ed from June 3,	_, 19 <b>68</b> _, ta_August 4 aur) apinian death accurred an tl	19 68 , that (x) (we) last
	saw the deceased aliv	/e on August 4	19_68, and thet in (199) (a	aur) apinian death accurred an tl	he date and haur and fram the
221. 3	ignature	(we) (ala) tous tous view the	budy after death.		22c DATE SIGNED
220	47 -	Sacroher.	DEGREE PHYS	☐ MED. ☐ STAFF ☐ DIRECTOR ☐ PHYS	August 5, 1968
27d.	PHYSICIAN'S		22e. ADDRESS		
	NAME (Type) Irad	j Sadeghian, M. I		e George's General	
23c 5UR	ALX REMATION, 23b DA	TE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town	) (County) Ma (State)
- KEMI	IVAL (Specify)		1 FAMILY	Woodmon	
24. EUNER	AL DIRECTOR	ADDRESS			TRAP S SIGNATURE
77.5.	Washinst	on toom 49.	25 Marin DAT	TE AUG 1 2 1968	00









2.1.25	1	MARYLAND STATE DEPARTMENT OF HEALTH	
7	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	19033
FOR STATE		12025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPA		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Do OF ESTI	y Yeor 2b. HOUR
. 5 5 8 € 2 ×		Jean Elizabith Teano DEATH MATER 8-5-6	
delay is and 3 to and 3 to M3. Page	3 S		Zd. ĤOUR
y del , and PM3. artme			68° 19 7:56pmm
2, 2, n		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
deoth any dela e Pages 1, 2, and with form PM3. Fi the Stote Departmen		miny) Wash, D.C. U.S.A. WIDOWED DIVORCED Prince George's	Md.
Sto Sto	10. (		b. KIND OF BUSINESS OR DUSTRY
after deoth 8. Give Pages along with for	(	Cheverly Prince George's Gen. Hosp. Bank Clerk	703141
	130	LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIGE CITY DMITS? 13e. STREET AND NUMBER	
		Prince George's Parkway Estates No 6612 Hillwood I	)rive
Hours Hem 1	14, 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
_ \	L	Charles W. Daiger Unknown	
		. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO  17. INFORMANT  ADDRESS  Yes, no, or unknown)  4 (If yes give was or dates of service)	
within pencul Exomine File pag	,	Eugene V. Teano Same as #	13 abcde
		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROX MATE INTERVAL GETWEEN ONSE? AND OEATH
be executed "pending" in nief Medical E onsit permit. F		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Bilateral Pneumonia	
exe endi Me t pe		DUE TO, OR AS A CONSEQUENCE OF	
be 'p' ponsi		Conditions, if any, which gave rise to immediate cause (a).	
ould word he Ch iof-tro		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be en word "pee to the Chief buriof-tronsit		lost. (c)	
This certificate should icate, writing the word be forwarded to the Cl d be used as a buriof-tr or remaval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
te, writing the forwarded to be used as a fremoval, and	N.	7 ,	
certif orwar used movo	Š	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his ate, e fo be u	CERTIFICATION		YES NO
维吾 碧鸟	13	21d EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Part 2, Item HOUR A.M.	1B)
MCAL EXAMINER: To execute the certificator. Page 4 should be ned for your files.  ECTOR: Page 3 should buriel, cremotion, or	MEDICAL	CAUSE OF DEATH P.M. 19	
	Œ		County State
DEPUTY BICAL EXAM ressory, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to burial, crem		AT WORK AT WORK	
Cecu Po for inal,		220. I certify that I took charge of the remains described above, held on Autopsy 🔼, Inspection 🔼, Inquiry 🔲,	ond in my opinion
Pure de la company de la compa		deoth resulted from. Notural auses 🖾, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined monner 🗌	]
pleose director retained.		CHIEF MEDICAL EXAMINER	
y, plererol disconnection of prior		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	
Sory, Jinero y be VERAI		EXAMINER'S	6-68
		NAME (Type) John/Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 <u> </u>	230		ounty) (Stote)
	L	The same of the sa	027,0
AM ATTAKE (F)	24		NATURE
VR A15ME (5) 10M REV 1/6	-	John W. Mattingly St S.E. Wash, DC DATE AUG 8 1968 your	
112/3		7 0	



_ 1	I t	ems 188229 F11m, 407 MARYLAND STATE DEPARTMENT OF HEALTH OVINION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		2026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0034
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2c DATE KNOWN Manth D	Day Year 2b HOUR
Poge to	L	Thompson Death Mated & 8-13	3-68 194:00amm
y delay	3 5	Inst hyphotoxy MONTHS OAYS HOURS MIN As at 15	Zd HOUR
		emale Negro 28 Sept. 1951 16 YRS. 8 13  BIRTHPLACE (Stote or foreign 75 C.TIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED XC 9 COUNTY OF DEATH	681911:45amm
B 9		irth Carolina USA WIDOWED DIVORCED Prince George's	M.
oth ages h for h for	10.	CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL OR INSTITUT ON (If not in hasp tal   12a u.S.J.A. OCCUPATION (Kind of work done   1	26 KIND OF BUSINESS OR
after deoth my S. Give Poges 1, 2, olong with form Pl		Oxon Hill give street address) 2507 Southern Ave. Apt. 303 during most of working life, even if retired.)	NDUSTRY
ofter olong olong Aith		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d NSIGE CTY LIM 152 13e STREET AND NUMBER	
		District of Columbia Washington 1823 N.Capitol	
24 hours in them 18 r's Office of second sec	, 14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle  James Robinson Flossie Thomas	Lost
	160	James Robinson Flossie Thomas  WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
within pencil xaminei ile poge		(if yes give wor or dates of service)	ndmother
Pier Fire		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c),  PART I DEATH WAS (AUSED BY  Interstitial myocarditis	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS (AUSED BY Interstitial myocarditis	days
be executed pending" is the Medical most permit with with with with with the most will be a most with the most with the most will be a most		DUE TO, OR AS A CONSEQUENCE OF	
d "p d "p Chie Chie		Conditions, if only, which gove nise to immediate cause (a). (b) and pulmonary edema & congestion	days
world world the Cl		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF Pneumonia	days
<del></del>		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	uays
This certificate should total, writing the word be forwarded to the Cl	_	4 2 / V	
vertifi orwan used moval	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This cote, see for be u	RIFIE	WAS PERFORMED?	YES 🔀 NO
# _ B		21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year PRIMARY OR CONTRIBUTING 10r Part 1 or Part 2 Item	n 18.)
NER Cer hou iles. sho	MEDICAL	CALSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street at R.F.D. No. C ty at Town	County State
	-	WHILE AT WORK I AT WORK AT THE AT THE AT THE AT THE AT THE AT WORK I AT WORK	County State
DEPUTY  JICAL EXAM  ressory, please execute the  funeral director. Page 4  may be retained for your  FUNERAL DIRECTOR: Page  solth prior to burial, crem		22a   certify that   taak charge of the remains described above, held on Autopsy  X , Inspection  X , Inquiry   ,	and in my apinian
E executor. Page of for CTOR: burial,		death resulted fram. Natural causes 🔀, /Accident/ , Suicide , Hamicide , Undetermined manner	
pleose e director reformed DIRECT or to bu		CHIEF MEDICAL EXAMINER	
nry, pleerol die be reto be reto prior i		ACTUAL SIGNATURE	
DEPUTY cessory, e funera may be funera roth pi		EXAMINERS / /	8-14-68
necessory, the funeral 5 may be a Control of FUNERAL Health print	22.		(State)
TO DEPUT necessor the fune 5 may b TO FUNER Health	E	surial frecity 8/17/68 Harmony Memorial Park Maryland	caoust (mast
hy	24	FUNERAL DIRECTOR SCHOOL TO SIGNARY ADDRESS 250. REC'D BY REGISTRAR S SI	
VR A15ME (5)	St	ewart Funeral Home-4001 Benning Rd., N. E. AUG 19 1968 Action	Can Josephine





					D STATE DEPARTME				
. 1					301 W. PRESTON STRE		E, MARYLAND 21201	. 0	3.6
	1 0	CERTIFICATION CONTRACTOR CONTRACT	<u> </u>	Middle	Last		DATE OF DEATH		
gges 1 and 2 s after death.		Ype or print)	Bessie	Maria	Thorne	20	DATE OF DEATH  Month De	y Year	26 HOUR
	2 (		4. RACE	110X T.			6. AGE (In years	4 1968 IF UNDER LYEAR	IF UNDER 24 HRS.
	3 58	X	4 KACE		S. DATE OF BIRT	Н	last birthday)		HOURS MIN
	7	Female	White	LP ANILYMPIA	17 Dec				
	(00)	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA		B. MARRIED NEVER MARRI	cD	INTY OF DEATH		
		Maryland	U. S.		WIDOWED DIVORCE	<u> </u>	r., Georges		Md
	1D. (	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR IN: reet address)	STITUTION (If not in haspital	during most of y	JPATION (Kind of work dane	12b KIND OF E	BUSINESS OR
	_	Chever LSUAL RESIDENCE (Where decease		Pr. Geo.,	Gen., Hosp.,	Hou	working life, even if retired.) Sewife	Own	Home
	13a adm	USUAL RESIDENCE (Where decear ission) STATE	sed lived, if institution 13b COUNTY	in: Residence before	13c CITY OR TOWN 13	NO X	130 STREET AND NUMBER		
		Maryland	P	r. Goo.,	Upper Marlbox	· · · · · · · · · · · · · · · · · · ·	RFD Box 279	00	
	14.	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAID		M ddie	ame as	I tem)
			v Smith			Kat	e Habig	170-77	T' DOTIT!
	16c.	WAS DECEASED EVER IN U.S. ARP	unr or dotes of service)	16b SOCIAL SECURITY		D1 4	Address "		- (
		es no, or unknown) (If yes give w		220-26-4	830 Wallace	Edwin	Thorns-(		
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line	for (a) (b), and (c).	) .				IATE INTERVAL
			ATE CAUSE (a)	1/ren	ma.				
		100		A CONSEQUENCE OF	0 0	/			
		Canditions, if any, which gave rise to immediate couse (a),	(b)	Chroni	c yell	ne or	na Ca		
		stating the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF		1			
		last.	(c)						
		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT N	ot related to the terminal (	disease or conditi	ON GIVEN IN PART I(o)		
	N	_8/ 1							
	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHIC	CH OPERATION WAS PE			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CEI	RTIFYING
	NI F				YES 🗀	NO X			
		210. ACCIDENT WAS UNDERLY!!  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA		INJURY Manth Day Year	21c HOW INJURY OCCUR	RRED (Enter natur	of injury in Port 1 or Part 2	, Item IB.)	
	MEDICAL	(If either, not fy medical exomi	ner) P.M.	!					
	Ξ	21d INJURY OCCURRED 21e.	PLACE OF INJURY (	at home, farm, street, fa office building, etc.	TORY.) 21f. LOCATION Street	or R.F.D. Na.	City or Town	County	Stote
		at wark of wark					-0-		
		220. I certify that (I) (the saw the deceased a	is hospitol) ofter	nded the deceos	ed from (UCT		to cuc, 1	9 <u>6</u> , that	(1) (we) last
		couses stoted above	e. (i) (we) (did) (	gid not) view the	966, and that in (my)	(our) opinion (	aeath occurred on the d	are and nour o	ing from the
		22b SIQNATURE //	11/7	0			22€	. DATE SIGNED	
		I that	\$16 m	~	DEGREE PHYS.	MED. DIRECTOR	STAFF D	8/15/1.	Y
		22d. PHYSICIAN'S			22e ADDRE			7.7-	
		NAME (Type) A . C	Lark Hol	Lmes, M.	D.	Upper	Marlboro, A	id. 208	70
	23a	BUR AL, CREMATION, 23b	DATE	23c NAME OF	CEMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County)	(State)
	В	REMOVAL (Specify) 8/	17/68		ty Cemetery				.G. Md.
		FUNERAL DIRECTOR		ADDRESS		So REC'D BY REGI		'S SIGNATURE	
	R	itchie Bros.	Upper N	Marlboro	Md.	DATE AUG 2	2 1968 jch	way Jay	48 :

beens vic

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Eng. Site. par

Accounts and the second second

. 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Land of the China	12029 CERTIFICATE OF DEATH
- 7-	1. DECEASED NAME First Middle Lost Lost Lo DEATH Los HOUR
death. nerol ond 2 death.	(Type or print) / A Manth Day Year 235
r death unerol I ond er death	3 SEX   4 RACE   S. DATE OF BIRTH   6 AGE (In years   IFUNDER, YEAR   IF UNDER 24 HRS
of the	CALLET DE LOS LOS MONTES DAYS HOURS MIN.
- S ( 3 S S	
e E SE	Country
ed ape	10. CITY OR JOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR
THE STATE OF THE S	must extend middeness   Identify   Identify
with open with open with the control of the control	AGGENT NUCLTUS HONE   NETTIFED
ficate be executed within 24 hours after death ysician and completely filled in by the funeral please remove carbon papers there is and in any event, within 72 hours after death	13a USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE D. 13b COUNTY WAS DIDITED YES NO 14 4708-1346 ST N. W.
ond c remo	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
Pe or n	Jamue L Helskenny Charinda - Newton
icate b sircian pleose I, and I	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, np. acjunkpayyn)   (If yas give wg profess at sanned)   17 INFORMANT   Address
	NUTTE NO 820-03-344/-
equires that the death certification.  signed by the otten ing provident burial-transit permit. Then burial, cremotion, or removal	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH PART I DEATH WAS CAUSED BY-
to the second	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
offerm on, o	DUE TO OR AS A CONSPONIENCE OF
the sit position	CEREBRAL IN FARCITION (RIGHT)
thai in. by i	trise to Immediate cause (a).  Stating the underlying cause  (b)  DUE TO, OR AS A CONSEQUENCE OF
sicic sicic al-t	(c)
The low requires that the death ottending physician, has been signed by the otten se as the burial-transit permit. The prior to burial, cremation, or remained to the control of the contr	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing ing	Z ·
loy end s be as t orior	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO NO CAUSES OF DEATH?  21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21b TIME OF INJURY OCCURRED. (Enter nature of injury in Part L or Part 2, them. IB.)
	YES NO CAUSES OF DEATH?
N.: I or crate ar u	
ATTENDING PHYSICIAN: etained by the hospital or CTOR: After this certificate Should be detached for uith the State Dept. of Heal	(If either, natify medical examiner) P.M. 19
hos hos sche ache	
the the Detection	at work at wark
by Stot	22a. I certify that (I) (this haspital) attended the deceased fram
R: A	saw the deceased alive an 19 , and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body after death.
Sho of the	226 SIGNATURE 226 DATE SIGNED,
OR be re 3 ed w	Oliver & Bond WD DEGREE ATTENDING DIRECTOR DIREC
Al (	22d PHYSICIAN'S 22e ADDRESS L 22a LINE 2 20 A E ROAD
PIT mc	NAME (Type) OLIVER. B. BOND LANHAM MARYLAND 20801
O HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a BURIA DREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (South) (State)
55.5 g z & Cy	REMOVAL (Specify) 8-21-68 Thornway Was. Jork London, Wel
	REMOVAL (Specify) 8-21-68 Thomasy Man. York Landow, W. (24 FUNERAL DIRECTOR ADDRESS & D. C. 250 REGISTRAR 250 REGISTRAR'S SIGNATURE
2 2 5 5 6 9 30 M REV 1/68	REMOTAL (Specify) 8-21-68 Thomasy was book London, wel



MARYLAND STATE DEPARTMENT OF HEALTH



• •	100	MARYLAND STATE DEPARTMENT OF HEALTH	
	1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201 933
0		12031 CERTIFICATE OF DEATH	
-2= -2=		DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b HOUR
funeral 1 and 2 er death	- 1	(Type or print) Harry Walter Townshend, Sr. Mont	goy bear 240 M
	3 58		In years Funder I Year IF Under 4 Hrs.  Thiday) Months Days Hours Min.
		Male White Jan. 15, 1892 last bir	YRS. MONTHS DAYS MODRS MIN.
no de la	70. I	BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH Unity)	
4 F. S.		Maryland U. S. A. WIDOWED DIVORCED Prince G	eorges Md.
fille		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even	work done 12b. KIND OF BUSINESS OR INDUSTRY
with bon with	M	The Circuit Ville Comment of the Comment of the Circuit Comment of t	ing Own Farm
uted within "  The plately fille ver forbon pa	13o	USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c GIT OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND	NUMBER
drem drem move		Md. Pr. Geo's Mitchell- Sunnys	ide Farm
a pu	14. 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First	Middle Lost
d in See	L	G.C.D. Townshend Alice W	
cate Sicio Sicio Pleo an	16a	was deceased ever in u.s. armed Forces? Yes, no no unknown)  17. Informant  Swart-36-5934  Ruth Kerns Townshend-	Myside Farm,
phy en			Mitchellville, Md
e deoth certificate b attending physician permit. Then pleose on, or remavol, and i	Ĺ	18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
end mit.		IMMEDIATE CAUSE (0)	
aff per ion,		1621 DUE TO, OR AS A CONSEQUENCE OF	And the state of t
at the the motif		Canditions, if any, which gave rise to immediate cause (a). (b) Toronton of Cource (les cines	nu
troi troi		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	HI HI
equires that the physicion. signed by the buriol-tronsit puriol, cremoti		lost. (c)	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the hospital or ottending physician.  DIRECTOR: After this certificate has been signed by the attending physician and example the full by the full of 3 should be detached for use as the burial-transit permit. Then please canove carbon papers and the State Dept. of Health priar to burial, cremation, or remaval, and in by event, within 82 hours after the with the State Dept.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(0)
ding ding	8	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERI	E FINDINGS CONSIDERED IN CERTIFYING
then then then as be os	E E	YES NO CAUSES OF DEATH	
:: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CERTIFICATION	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port	1 or Port 2 Item 12)
ficol of for the			1 of Full 2, fields 10.)
renti red t. of	MEDICAL	(If either, notify medical examiner) P.M. 19 21d NNJRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No City or Town	County State
PH) e h his atacl Dep		While Not while (OFFICE BUILDING, ETC.	2000)
ATTENDING PHYSICIAN: stained by the hospital or CTOR: After this certificate should be detached for unith the State Dept. of Healith the State Dept.		IQ) WORK OT WORK I	19/eV that (I) (we) last
Abd b d b d b d b d b d b d b d b d b d		22a. I certify that (I) (this haspital) attended the deceased from Oct., 1944, ta G.c. saw the deceased alive an 144 145, and that in (my) (aur) apinion death occurred causes stated abave, (I) (we) (did) (did not) view the bady after death.	an the date and havr and from the
OR: Sine			
wit with	Ι,	22b. SIGNATURE  DEGREE PHYS  DEGREE PHYS  DIRECTOR  DIRECTOR  PHYS.	22c. DATE SIGNED
L OR be r be r blied w			U //17/68
ITA moy RAL Po		22d. PRYSICIAN'S NAME (Type) A. Clark Holmes, M. D. 22e. ADDRESS Upper Marlb	oro./Md. 20870
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician elidinator, page 3 should be detached for use as the buriol-transit permit. Then please should be filed with the State Dept. of Health priar to buriol, cremation, or remayal, and in	22.5	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cry or	
F P Se	230	DESIGNAL IE. 13	lville, Pr. Geo Md
F - F	24.		REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1/68		Ritchie Bros. Upper Marlboro, Md. DATE AUG 2 2 1968	John Jule
		DAIL D D 1000	The state of the s

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	I	tem8 File Glo7 12/5/68MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* 1040
HEALTH DEPT.		DECEASED-NAME 1 CO DEE KNOWN Month De	y Year 2bd10VR
s p a d t	Į į	Type or Print)  Edney  Van Pelt  OF ESTI- 8 2	1 1968 7:4
Pog 3 +	3 S	ast birthday) MONTHS DAYS HOURS MIN March D.	2d 10 WR
PM3.		M W 28 Oct., 1913 54 yes	Year 1968 P A
- E 9		BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED) NEVER MARRIED 79. COUNTY OF DEATH  OUT A WIDOWED 70 DIVORCED 75. COUNTRY OF DEATH  U.S. A WIDOWED 70 DIVORCED 75. COUNTRY OF DEATH	
for te	10 (	Maryland USA WIDOWED ☐ DIVORCED ☐ Prince George  CITY OR TOWN OF DEATH	M VIND OF BUSINESS OF
e Page with with	10.	Cheverly  Give street gaddess)  Give street gaddess)  Grant Character gaddess)  Grant Cheverly  Grant Character gaddess)  Grant Cheverly  Grant Character gaddess)  Grant Cheverly  Grant Chev	DUSTRY DISTRUCTION
s after de 18 Give P alang w with the death		USJA. RESIDENCE (Where deceased lived, if not fution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18 de	_	der ssion) STATE Md. 13b. COUNTPrince George Cheverly YES X NO ☐ 6206 Landover	Rd.
hours Item 18 Office I and 2 v	14	FATHER'S NAME First Middle Last IS MOTHER'S MA DEN NAME First Middle	Last
24 in in in its size in its si	160	Edward Van Pelt Bessie B Bassford WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within pencil amine amine	()	Ver no occupant 1 to	ld.
= 111		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) PART I. DEATH WAS CAUSED BY.	APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical Ensit perfected insit perfected event wilbin		IMMEDIATE CAUSE (a) Contusion of brain stem and	
be exemined medining the medining the massit be event		DUE TO, OR AS A CONSEQUENCE OF	
d be cd 'i Chie Y ev		rise to immediate couse (a). (b) Right Subdural nematomat	5 days
should be en word "per a should be to word "per burial-transit I in ony ever		aret	
*		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	z	703,	
is certific re, writin farward e used as removal,	CATIO	190. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION		YES 🗐 NO
	AL CE	216. TIME OF INJURY Month, Doy, Year PR MARY OR CONTRIBUTING HOUR A M.	
INER: e certifi shaufd files 3 shaufc ation, c	MEDICAL	CAJSEOFDEATH 9:30Mpm 8 16'68 Fell and struck head on parking.	Lot. County Stote
EXAMINER: ute the certions of a shauld your files your files Page 3 shauld C.		factors office houlding sto	.G. Md.
© 12 00 √ σ ′		220. I certify that I took charge of the remains described above, held an Autopsy (3), Inspection (2), Inquiry (2),	
ICAL I exector. Post far. Post far. CTOR: CTOR:		death resulted fram: Natural causes & Accident (IS), Suicide (), Homicide (), Undetermined manner (	. ,
d ase		CHIEF MEDICAL EXAMINER	,
y, ple y, ple rral d a reta A D prior		ACTUAL SIGNATURE 22b. DATE SIG	
5 E 2 E E		EXAMINER'S NAME (Type)  John Kehoe, M.D., Riverdale  DEPUTY MEDICAL EXAMINER   R  8-22- ADDRESS(Street, cty, town, or county)	-68
o DEPUTY necessary, the funera 5 may be 6 FUNERA Health pr	99-		
07 = ~ 07		BUR AL, CREMATION, V 23b DAY 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co. BRIMOVAL Specify) Aug 24, 1968 Ft Lincoln Cemetery Colman Manor Pro	Geo Md.
137		FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 2516	NATJRE
VR A15ME (5) 10M REV 1/68		F. Gasch's cons Hyattsville, Md. DATE AUG 26 1968 followed	es judge





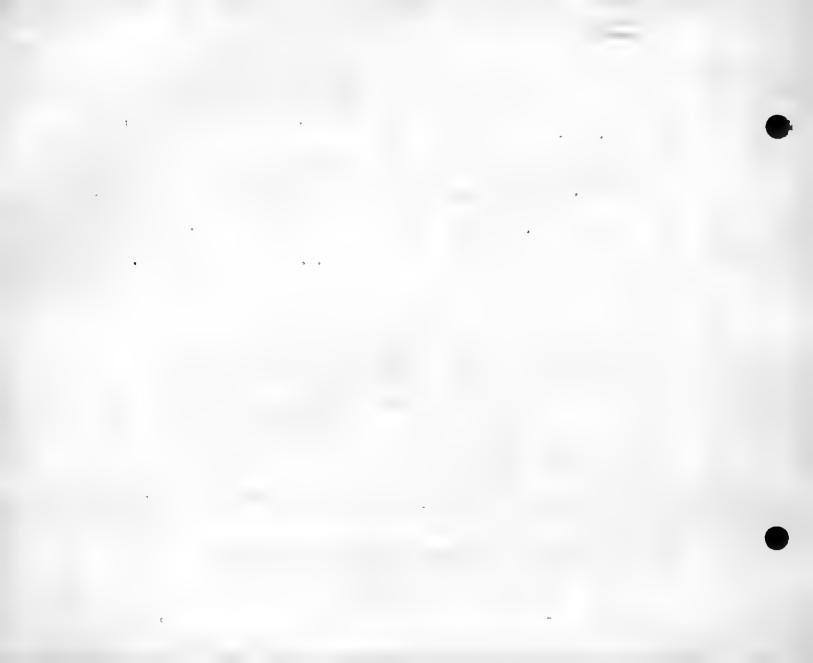
		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL DECORDS 202 W. DECTON STREET RATHMORE MARYLAND 21203	
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  Thems Ta, MEDICAL EXAMINER'S CERTIFICATE OF DEATH  Tuneral Home	8/20/68
HEALTH DEPT.	1 0	PECEASED-NAME C U First Middle Lost 20 DATE KNOWN Month C	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
3 to 3 to 5	1	Prinest narvey wartenderg Death Mated X 8-13-	-68 196:00amm
	3 5	EX 4 RACE 5. DATE OF BIRTH 6. AGE (10 years 1 F UNDER 1 YEAR F UNDER 1 YEAR F UNDER 1 YEAR 1 1 YEA	2d HOUR
ny deilo P. 2, and P. 3. 1	_	ale White 6-17-1896 72 YRS 8" 13	68° 194:25pm M
- E	7o cour	BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Pages ith form	10 (	New York City USA WIDOWED DIVORCED Prince George's	Md. Killio of husbaffs on
This certificate shauld be executed within 24-Mours after death kate, writing the word "pending" in penal if Itan, 18, Give Pages 1, be forwarded to the Chief Medical Exominer, Office along with form I be used as a burial-transit permit. File pages land 2 with the State or removal, and in any event within 72 hours after death.		give_street oddress) during most of working ife, even if retired )	25 KIND OF BUSINESS OR NOUSTRY
offer 8, Give 9	130	LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 with	ſ	dan ssion) STATE Prince George's Okon Hill YES NO 3428 Brinkley H	Road
Hours Office Jand 2	-	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
4		- Jose Jodenia	
INER: This certificate shauld be executed within 24 e certificate, writing the word "pending" in pencil it should be forwarded to the Chief Medical Exominer files.  3 should be used as a burial-transit permit. File pages otion, or removal, and in any event within 72 hours.	()	WAS DECEASED EVER IN U.S. ARMED FORCES?  (6b. SOCIA: SECURITY NO  17 INFORMANT  ADDRESS  (8c. no, or unknown)  W(II) W M Large dock of space)  15 77 427 238  Mary J Wartenberg 'xen Hill, i	34.3
Exor Exor File	<u> </u>		APPROX MATE INTERVAL
uted 3" ir call l		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
executed nding" ii Medical permit.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Asphyxia  950 X  Due to, or as a consequence of Hanging	
be e "per ief / ief /		Conditions, if ony, which gove	
ord by change of the lates of t		rise to immediate cause (o), (b)	
shauld be e ne word "per to the Chief I burial-tronsit		lost. (c)	
o b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	-
tifica iting arde d as ol, o	NO	974X	
DICAL EXAMINER: This certificate shauld be executed with please execute the certificate, writing the word "pending" in pererol director Page 4 should be forwarded to the Chief Medical Exor be retained for your files.  RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File prior to burial, cremation, or removal, and in any event within 72	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This cate be 1 be 1 be 2 con 1 be 2 con 1 be 2 con 1 be 2 con 1 be 3 con 1 be	ERTIF	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	YES NO TE
S. S. ould	MEDICAL	PRIMARY TO OR CONTRIBUTING 6:00am 8-13- 1968 Hung self in basement.	1 10.)
	WED	21d INIURY OCCURRED 21e PLACE OF the LPV (At home form street 235 LOCATION Street or P.E.D. No.	County - State
DEPUTY  DICAL EXAMINER: This recessory, please execute the certificate, the funeral director Page 4 should be formany be retained for your files.  FUNERAL DIRECTOR: Page 3 should be useful prior to burial, cremation, or ren		WHILE NOT WHILE Basement of 4901 41st. Place, Hyattsville, Prince George	Co., Md.
NL EXA xecute Poge for you DR: Pog rial, cre		22a. I certify that I taak charge of the remains described alyave, held an Autapsy , Inspection K, Inquiry ,	
Sie es cror cror cror cror cror cror buy		death resulted fram: Natural cause's, Accident	
JIV please e erol director be retained RAL DIRECTOR prior to bu		ACTUAL CHIEF MEDICAL EXAMINER	
rry, F erol be r RAL price		SIGNATURE	
o DEPUTY  necessary, please e the funeral director 5 may be retained 5 FUNERAL DIRECT		EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	8-14-68
TO DEPUT necessary the funer 5 may be ro Funer Heolth p	230	BUR AL (REMORTON) 236 DATE 236 NAME OF CEMETERY OR DEPONDED 1234 (OCATION (CITY OF TOWN)) ((	County) (Stote)
		Burial Aug 16, 1968 Arlington National Arlington Virgin	
	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REGISTRAR S SIG	
VR A15ME (5) 10M REV 1768		F. Gasch's Sons Hyattsville, Ma. DATE AUG 19 1988 Person	les Judge .



1	MAKTLANU STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL PECODOS 301 W PRESTON STREET RAITIMORE MARYLAND 21201	
IJ	tem#2a Film#G404 Web/68 EVAMINED'S CEDTISICATE OF DEATH 17135 ~ / 2	212043
	DECEASED NAME First Middle Lost 20 DATE KNOWN Month D	Poγ Yeor 2b HOUR
	(Type or Print)	4 19 8 M
3 5	SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF UNCER 1 YEAR IF UNCER 24 HRS. 2c DATE PRONOUNCED DEAD	2d HOUR
	(P(O(1))) P(O)	Year 689 12:300
	BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? 87 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
€00	Prince George's	Md
10	CITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12	2b. KIND OF BUSINESS OR
	Cedar Heights 1007-65th HVE Retired U.S.Got	US Gout
	THE TABLE COUNTY	
	Maryland Prince George Codar Heights " 1007 65 th Ave	
4	FATHERS NAME PIRST MIGDLE LOST IS MORHER'S MAIDEN NAME FIRST Middle	Lost
160	WAS DECASED FUED BY S. ADHED EDDOCED BY SOCIAL SECURITY HO. THE DELIANT	
	Yes, no, or unknown)   {if yes give wer or dates of service}	
		APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY	PETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o) FREGUE TALLIUTE	PETITOGS
	Conditions if only which gave )	Unknown
	rise to immediate couse (a),	
	lost.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)	'
z	4200	
CATIO	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
RTIF		YES NO DE
	216 EXTERNAL CAUSE WAS 7216 TIME OF NJURY Month, Doy, Year 9216 HOW INJURY OCCURRED (Enter notuce of in Jry in Port 1 or Port 2, tem PRIMARY OR CONTRIBUTING 7	1 .8)
FDIC	CAUSE OF DEATH P.M 19	
≥	WHILE MOT WHILE foctory, office building, etc.)	County Stote
		1.1
		and in my opinion
		J
	ACTUAL TOTAL ACTUAL	GNED
	SIGNATURE MD PROJECT EXAMINED RIVER CO.	26-68
\	NAME (Type) / John Kehoe, M.D., Riverdale ADDRESS(Street, cty. town, or county)	
230	BURIAL REMATION / 236 DATE 236 NAME OF LEMETERY OR CREMATORY 234 LOCATION (City or Jown) (C	County) (Stote)
	18-27-68 Dalumore Rul Cem Lavousville	md.
. 24	A SON APPRESS 250 REGISTRAR 256 REGISTRARS SC	SNATURE
	4925 Denne Ave NE. D.C DATE AUG 29 1908 1000	0
	3 5 70. COUNTY TO THE T	DECESTO-LARGE  [1 per or Print]    DECESTO-LARGE   Examiner's Certificate of Death



1	ĭ			AKTLAND STATE I RECORDS, 301 W. PR		HEALTH TIMORE, MARYLAND 21	201
200			19020		ATE OF DEATH		044
Jeoth.		CEASED NAME First ype or print) Pearl	, , ,	Rose Weathe	lost rbee	2a. DATE OF DEATH  Month	Day Year 2b. HOUR 1730M
affer of the state	3. SI	x emale	4 RACE Cau		s. date of Birth 27 March 18	6. AGE (In ye last birthday	IF UNDER 1 YEAR   IF UNDER 24 HRS
e executed within 24 hours and completely filled in by fremave carbon papers. Po	(00	Wash. D.C.	76. CITIZEN OF WHAT COUNT United States	S WIDOWED [		9. COUNTY OF DEATH Prince Geor	Md,
within 24 ety filled i bon pape within 72	S	ITY OR TOWN OF DEATH	dine street oddre	SPITAL OR INSTITUTION (If no EWs AFB Hosp	oital during	UAL OCCUPATION (Kind of work most of working life, even if re USENT TO	etired.) INDUSTRY
completely with y event, with	13a. odm	USUAL RESIDENCE (Where decease session) STATE FIG.	d kved, if institution: Reside	ence before 13: filly OR Drge Hight	TOWN 13d INSIDE CITY S YES	no 🖄 2427 Iver	son St.
be exe	14.	ATHER'S NAME First William	Middle H. Dakin		MOTHER'S MAIDEN NAME Catl	herine K. Hodg	eddle Last
physicon o physicon o con o co	160	WAS DECEASED EVER IN U.S. ARM 'es_no, or unknown)   11' yes give wi	r pridates of service)		FORMANT S P.R. Brown	2525 Cornin n Oxon Hill M	
nt the death ce the ottending tsit permit. The mation, or rem		412 (Canditions, if any, which gave) rise to immediate cause (a),(	y one couse per to for (o), BY: TE CAUSE (o)  DUE TO, OR AS A CONSI  (b)	FOUENCE OF HO.	heart to	uliere,	APPROXIMATE INTERVAL BETWEEN ONST AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by a director, page 3 should be detached for use as the burial-trans should be filed with the State Dept. af Heolth prior to burial, crem	NOI	stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CON  J 19a DATE OF OPERATION 19b (	(c)	EATH BUT NOT RELATED TO	THE TERMINAL DISEASE OF		IDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The law not be hospital or attending this certificate has been letached for use as the subept. of Heolth prior to	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN			YES NO [	CALIETE DE DEATUS	
rSICIAN ospital certifico hed for	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin 21d. INJURY OCCURRED 21e.	HOUR A.M. Month	Day Year  19  ARM, STREET, FACTORY.) 21f, LOI DING, ETC.	,		County State
ING PHY by the he ter this be defact tate Dep		While Not while					the date and hour ond from the
OR ATTENDING be retained by the NIRECTOR: After the e 3 should be ded with the State		aw the deceased al causes stoted above	ive an (i) (we) (did not)	view the body after d	ieain.		22c. DATE SIGNED
TO HOSPITAL OR ATTENDING Poge 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State		22d. PHYSICIAN'S NAME (Type)	1' June	letucosca	ATTENDING PHYS. 22e. ADDRESS	MED STAFF PHYS.	8-9-68
O HOSPIT Poge 4 m O FUNER, director, should be	23a	BUR AL, (REMATION 236 D		NAME OF CEMETERY OR CEMETERY OR		23d LOCATION (City or Tov Suitland	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
VR A15 [4]	24.	FUNERAL DIRECTOR	elin 4/398	ADDRESS Such and	250. REC D	BY REGISTRAR 25b REG	



1 4			DIVISION OF	VITAL RECORDS		ON STREET, BALT		RYLAND 2120	1 .	
3			2037			OF DEATH	more, ma	CIDANO ZILO	1 3	45
£ ~ [ V)		CEASED NAME First	C (1) 1) 1	Middle		ast	2a. DATE OF	DEATH		26 HOUR
and death	-{1	ype or pnnt) Bab	у	Boy	Wee	don		Awgth.	12 1988	3,45AMM
	3. 5	X	4. RACE			TE OF BIRTH		6. AGE (in years last birthday)	1F UNDER 1 YEAR	
1 3 8 E		Male	Whi	te	1	1 Aug., 19	68	last birmaay)	'RS. MONTHS OAT	S HOURS MIN
S. Page	70. cou	BIRTHPLACE (Stote or foreign stry)	76 CITIZEN OF WH	AT COUNTRY?	8. MARRIED NE		9. COUNTY OF			
124 m 72 m 72		Maryland	T33 NA	LIF OF HOCKETAL OR HE	WIDOWED	DIVORCED [	Dr.	(Kind of work do	1305 4000	Md
PHYSICIAN: The law requires that the death certificate be executed within is the haspital ar attending physician. The has been signed by the attending physician and cample of the stacked far use as the burial-transit permit. Then please remays cappared be to the stacked far use as the burial cremation, or remayal, and in any event, within the stacked far the stack			give s	ME OF HOSPITAL OR INStreet address)  r. Geo., C	on Hee	during m	ast of warking	(Kind of work do life, even if retire	d ) INDUSTRY	OF BUSINESS OR
₹ <b>₹ 3</b>	13a	USUAL RESIDENCE (Where decease ssion) STATE	d Irved, if instituti	on. Residence befare	13c CITY OR TOWN	13d. INSIDE CITY L		REET AND NUMBER		<del> </del>
d ever		Maryland	P	r. Geo.	Greenb	elt YES N		B Ridge	Road	
and cdr remay	14	ATHER'S NAME First	Middle	Last	IS MOT	HER'S MAIDEN NAME I		Middle		Lost
an can case	140	WAS DECEASED EVER N U.S. ARM	CODICEO	Weedo			aron	Capr		
equires that the death certificate be exectly physician. Signed by the attending physician and combutial-transit permit. Then please remain burial, crematian, or remaval, and in any	100	es, no, or unknown) (If yes give wo	r or dates of service)	-a		drew Veedo	n G	reenbelt		
he death certif e attending phy permit. Then tian, or remava		18 CAUSE OF DEATH (Enter on	r ane cause per lin	e for (a), (b), and (c)	)				APPR BETWEE	OXHMATE INTERVAL N ONSET AND DEATH
eath andir or re		PART I. DEATH WAS CAUSED IMMEDIA	BY. IE CAUSE (a) <b>E</b>	rematurit	у.					
atte perr jan,	L	1120		S A CONSEQUENCE OF						
the the mat		Canditions, fany, which gove prise to immediate cause (a),			emorrhage	with int	raventr			
The faw requires that that that that the standing physician. That been signed by the se as the burial-transit hariar ta burial, cremat		stating the underlying rause last.	DUE TO, OR A	S A CONSEQUENCE OF				rha	ge.	
equire physic signed burial burial		PART 2 OTHER SIGNIFICANT CON	OITIONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
v reing l	_ ≥	16:5	•							
for for sending sendin	CERTIFICATION	19a. DATE OF OPERATION 19b (	ONDIT ON FOR WHI	CH OPERATION WAS PE	RFORMED 26	Do. AUTOPSY?	CALIETS	YES, WERE FINDING	GS CONSIDERED IN	CERTIFYING
- T = 2 = X	ERIFI	51. ACCIDENT WAS INDEDIVING	Total Title OF	and the second	Los dons his	YES NO				
IAN: ol a ficat far far		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exomin	215 TIME OF HOUR A.M	Manth Day Year	21c HOW IN	URY OCCURRED (Ente	r noture at inju	ry in Port 1 or Por	t 2, Item IB.)	
rsic aspit certi hed	MEDICAL	(If either, notify medical exomin 21d INJURY OCCURRED 21e.	PLACE OF INJURY (	AT HOME FARM, STREET, FAC		N Street or R.F.D No	City	ar Tewn	County	State
• PHYSICIAI the haspital this certifical detached fa										
INDING INDING BY IT R. After Ind be dithe State		22a. I certify that (I) (this	schesestel) atte	nded the decease	d fram Aug	. 11. , 19.6	.8_, ta_A	ig. 12,	19 <u>68</u> , th	at (I) (sæt last
OR ITALI be retained DIRECTOR: A e 3 shauld ed with the		22a. I certify that (I) (this saw the deceased al causes stated abava	veran <u>Au</u> ∕II) sa <del>stak</del> (did) (	The state view the	758_, and the bady after death	т in (my) <del>(руд),</del> ар i.	inian death i	accurred an the	date and hat	ir and from the
sho sho		22b. SIGNICUKE	110	Manuell					22c. DATE SIGNED	
OR DIRI Je 3			1/luv	Juvi	DEGREE		AED DIRECTOR	STAFF PHYS		
may SAL Page file be file		22d MYSICANS NAME (Type) W111	iam C. W	Teintraub,	M D	22e ADDRESS	Control			41 20220
O HOSPITAL Page 4 may O FUNERAL director, pag	220	BURIA., CREMATION, 23b D			CEMETERY OR CREMA	Prof Bldg.				(State)
TO HOSPITAL OR TITINDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior ta	400	REMOVA (Spec fy) Aug	13, 196	8 Mt O	livet Cem	etery	Wasi	N (City or Town) nington I	). C.	friesel
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	oble Son	ADDRESS s Hyattsvi	11a. Nd.	250 REC'D	Y REGISTRAR	25b REGISTR	ARS S.GNATURE	444 1
30M REV. 1/68		r. gas	C11 5 ~ OII	S HJULOSY	rate, no.	DATE:	T & 10	14	-	1.



1	V			DEPARIMENT OF				
		DIVISION OF VITAL		RESTON STREET, BAL		YLAND 21201		
L	1	2038		CATE OF DEATH			400	1.0
	DECEASED-NAME This (Type or point)	•	l ddle	Lost	2a. DATE OF	DEATH Manth Day	y Year	26. HOUR
L		Baby	Girl "A"	Welch	Aug.	Month 17, Do	1968 <sup>ear</sup>	4:25PM
J.	SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS 1 DAYS	IF UNDER 24 HRS. HOURS MIN
	Female	Caucasian		August 16	, 1968	YRS.	WONINZ DATIZ	HOURS Min 25
	BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED	NEVER MARRIED KK	9. COUNTY OF	DEATH		
£Ü	Maryland	U.S.A.	WIDOWED	DIVORCED	Prince	George's		Md.
10.	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospital 120. USI	UAL OCCUPATION	Kind of work done	125. KIND OF	BUSINESS OR
_	Cheverly	give street oddr Prince	Geo.Gen'l	Hospital *	most of working l	ife, even if retired)	INDUSTRY	
130	USUAL RESIDENCE (Where deceo	sed lived, if institut on. Resid	ance before 13c CITY O			EET AND NUMBER		
doi	mission) STATE Maryland	Prince Geor	ge's Suitl	and YES	NO 471	9 Homer A	ve.	
	FATHER'S NAME First	Middle		S MOTHER'S MAIDEN NAME		Middle		Lost
	Thomas	Teddy We	lch	Dicie Aline	Britton			
16	o. WAS DECEASED EVER IN U.S. AR.	MED FORCES? 16b. SOCI	AL SECURITY NO. 17.	INFORMANT		Address		
	res, no, or unknown)	woll of eates of service?		Mother				
	18 CAUSE OF DEATH (Enter or		(b), and (c))				APPROXI SETWEEN O	MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) Imm	aturity					
	17767	DUE TO, OR AS A CONS	EQUENCE OF					
L	Conditions, it any, which gove		lectasis -	bilateral.				
ı	rise to immediate cause (a) stating the underlying cause	(0)						
П	iost.	(c)						
н	PART 2 OTHER SIGNIFICANT CO		EATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART I(a)	1	
١,								
CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY2		YES, WERE FINDINGS O	ONSIDERED IN C	RTIFYING
ᆵ				YES NO	CAUSES	OF DEATH?		
			21c, F	OW INJURY OCCURRED (Ent	ter nature of injury	ın Part 1 ar Part 2,	Item 18)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Doy Yeor					
A A		PLACE OF INTURY LATHOME F	ARM, STREET, FACTORY, 1 214 1	OCATION Street or R.F.D. N	lo. City o	ar Tawn	County	State
	While Not while at wark	DEFICE BUI	DING, ETC.		· ·			
	220   certify that (4) (th	nis bospital) attended th	ne/deceosed from	Aug. 16 . 19	68_, to_A1	17 . 19	68 , that	(N-(we) last
	220 I certify that (t) (the saw the deceased to	flive on Aug. 17 e, () (we) (aid) (did not	1968 , an	d that in (my) (our) of	pinion deoth o	ccurred on the do	te ond havr	and from the
		e, () (we) (aid) (did nat	view the body after	death.				
	22b. SIGNATURE	Jai <sup>a</sup>		ATTENDING	MED.	STAFF -	DATE SIGNED	
L	no i piagretiane	1114	DEG	1112	DIRECTOR	PHYS XX A	ug. 19,	1968
L	22d PHYSICIAN'S NAME (Type)	541/		22e. ADDRFSS				
-	Bern	ardo Alvarado	, M. D.	Prince Geo				
23	BURIAL, CREMATION, 23b.	DATE 23 731/68 E	name of cemetery of	ce's General	Charer	N (City or Town)	(County)	(Stote)
24		132/00	ADDRESS /	Hognital				
24	HARRY A PENN	JAU ADMINIS	TRATOR	DATE SE	P 5 19	68 REGISTRAR'S	man las	der.
	XXX	The state of the s		DAIL	, 0 10			0



	The second second	1203	39		CERTIFIC	ATE OF DEATH			2004	. 7
	CEASED-NAME ype ar pant)	First Bal	ру	Middle Girl	"B"	Welch	2a. DATE	of DEATH August	17,1968	26. HOUR 18:15A
3 SE	Y Fema	le	4 RACE Whit	e		S. DATE OF BIRTH August 16,	1968	6 AGE (In years last birthday)	F UNDER 1 YEAR MONTHS DAYS YRS.	
	BIRTHPLACE (Stote or arry)	foreign 7	7b. CITIZEN OF WHA		8. MARRIED WIDOWED	NEVER MARRIED XX DIVÓRCED	9 COUNTY Pri	of DEATH nce Georg	e's	Md
Cl	ity or town of DEA		give str	e of Hospital or eet adoress). nce Geo.	Gen'l	durngr		ON (Kind af work d ing life, even if retir		OF BUSINESS OR
130 adm	LSUAL RESIDENCE (W. ssion) STATMary	here deceased 1 and	lived, if institution 13b COUNTRY	Res dence before nce Geo.	Buitle	TOWN 13d INSIDE CITY	13e 10   13e	STREET AND NUMBE 719 Homer	Avenue	
14. [	ATHER'S NAME	First	Middle	Lost		. MOTHER'S MAIDEN NAME		Midd	le le	Last
	Thomas		Teddy	Welch		Dicie Ali	ne Bri	tton		
	WAS DECEASED EVER es, no, ar unknown)		D FORCES? or dates of service)	6b. SOCIAL SECURIT	Y NO. 17. I	NFORMANT Mother		Addre	955	
CERTIFICATION	rise ta immediate stating the underly last.  PART 2 OTHER SIGN 19a. DATE OF OPERAT	ring cause	(c)		NOT RELATED TO	THE TERMINAL DISEASE OF 200 AUTOPSY? YES NO F	20b	IVEN IN PART I(a)  IF YES, WERE FINDIN SES OF DEATH?	NGS CONSIDERED IN	CERTIFYING
WEDICAL CER	21a. ACCIDENT WAS or CONTRIBUTING [ (If either, notify me	CAUSE OF DEATH	HOUR A.M.	NJURY Month Day Ye	21c. H	OW INJURY OCCURRED (Ent	er nature af i	njury in Part 1 ar Pa	ort 2, Item 16.)	
ME	21d. INJURY OCCURI While Not while at work	RED 21e. P	LACE OF INJURY (A			OCATION Street or R.F.D. N		Lity ar Tawn	Caunty	State
	220 I certify th	eceased of	ve on Amer	st 17	_196.8 an	ugust 16 , 19 d that in <b>(my)</b> (our) of death.	oinion deot	h occurred on th	ne dote ond hou	r ond from th
	couses sto	ed above,	(tk (we) pand) (d	id <b>KuK</b> ) vlew th	e pour uner					
	couses stor 225. Signature	ed gbove,	(lik (we) beind pla	1 de	DEGR		MED. DIRECTOR	STAFF XX	Aug. 19	1968
	couses sto	led gbove,	(tk (we) print); (d	£ 1812	DEG	ATTENDING PHYS.		•	Aug. 19	
23a.	COUSES STOT 22b. SIGNATURE 22d. PHYSICIAN'S	ed gbove,	(bk (we) print) (d	varado,	DEGI	ATTENDING PHYS.	23d LOCA	*1 Hospit	Aug. 19	

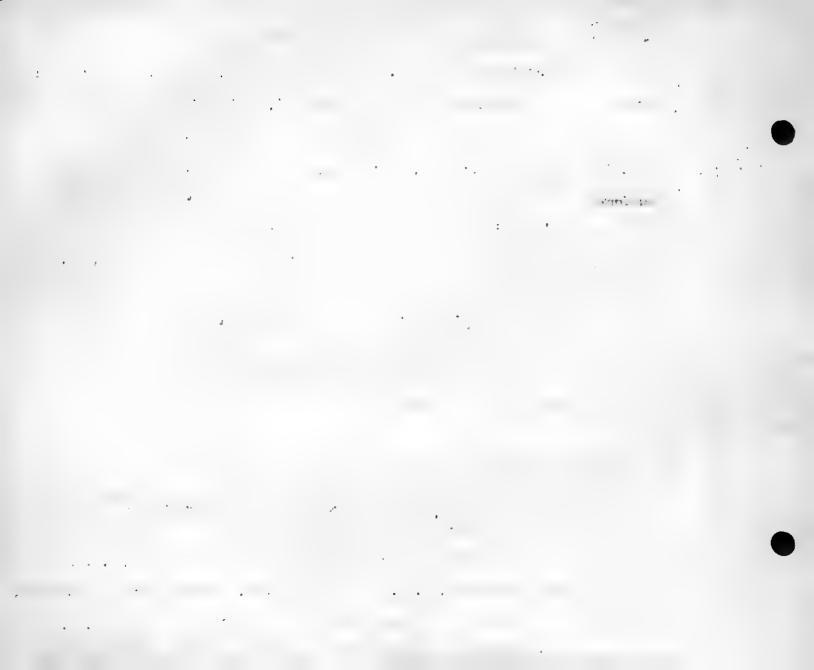
eri,

	10	THE LABOR.		4 1			FICATE								
- 1	1. E	COUNTY					11	2. USUAL RES. e. STATE		(Where dec	eesed lived, If b. COUN		Residenc	e before	e dmission)
-			George				RYLAND	Eary.				rince			
ı	b	CITY OR TOWN write RURAL e	ind give neeres	porele limits I town)	'	c. LENGTH OF					rele limits, write	RURAL an	d give n	nearest ton	wn)
		Hyatts	ville			21 mon		Hyat		lle	Y=70/-				
ı	d	NAME OF HOS			not in hospil	lai, g.ve street a	ddress)	d. STREET ADD							A FARM?
		10 R	i s Ro				li li		Rig	s Roa				YES	
3,	- 1	PEPERSED	ther P	La First		Middle	•	Last	4	OF	Mont	h	Day	Yes	F
		Type or print)		areal				Wiesner		DEATH	8		20	19	58
	5. :	EX	6. COLOR	OR RACE	7, MARRIED	NEVER MAI	RRIED A   B.	DATE OF BIRTH		9.	AGE (In years last birthday)	Months	1 YEAR	Hours	R 24 HRS.
j		F		W	MIDOWED	DIVO	RCED [	June 24,	1880		88 yrs.	Monins	Days	LIOUS)	Sum.
ĺ	10a. don	USUAL OCCUPA	ATION (Give ki	nd of work	10b. KIN	D OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE	(County	& Stete, or f	oreign country)	12. CI1	TIZEN O	FWHAT	COUNTRY
		Teachir			1			Germa	iny			G	erma	ny	
Ī	13.	FATHER'S NAME					1	14. MOTHER'S MA	AIDEN NA	AME					
		Albert	Wiesne.	r				Bertha	Nade	er					
-	15.	WAS DECEASED	EVER IN U.S. A	RMED FOR	ES7   16. SC	OCIAL SECURIT	Y NO. 17. 18	FORMANT			Address		~		
	(105	no, or unkown)	(Ityesgivewer	Or delet of sei	U31	9-52-59	67 Agn	es Desaur	tela	891	O Hirgs	Rosi	- Fix	たけっ	v. is
2		18. CAUSE OF	DEATH  Ente	r only one	couse per line	e for (e), (b), en						.,	LINT	ERVAL BE	TWEEN
	-1	PART I, DEA	ATH WAS CAU	SED BY	6	oruna	LU (	200/051	B M				ON	SET AND	DEATH
I		410	)	DUE TO		0,04-	7		- 1 4				•	m motion of	
ı		Conditions, If e	nv which		0	wtoris	calero	tic He	027	D/	12160		- 4	7 X	VJ.
ı				(b)	C/4										,
1	- 1	gove rise to imme	adiata cause 🌘			1 12110		110 110	pe r i	N/J	2416			7	
		geve rise to imme (e), stelling the		OT JUG		7 72710		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	pe r i	N/S	2412			1	
	z	geve rise to Imme (e), stetting the ceuse lest.	undertying	(c)			_					FN IN PAR	T 1(e) 1 19	9. WAS	AUTOPSY
	NOLL	geve rise to Imme (e), stetting the ceuse lest.	undertying	(c)_ NT CONDITI	ONS CONT		_	RELATED TO THE				EN IN PAR		PERFO	DRMED?
		geve rise to imme (e), stetting the couse lest.  PART II. OTH	undertying }	(c)_ NT CONDITI	ONS CONTI	RIBUTING TO DI	EATH BUT NOT	RELATED TO THE	TERMINA	L DISEASE C	ONDITION GIV	EN IN PAR			
	RTIFICATI	geve rise to Imme (e), stetting the ceuse lest.  PART II. OTH  20e. ACCIDENT  OR CONTRIBUTION	undertying ) HER SIGNIFICATI WAS UNDERLY	TING []	ONS CONTI	RIBUTING TO DE	EATH BUT NOT		TERMINA	L DISEASE C	ONDITION GIV	'EN IN PAR		PERFO	DRMED?
1 1111111	CERTIFICATI	geve rise to imme (e), stetting the couse lest.  PART II. OTH  20e. ACCIDENT 1  DR CONTRIBUTIN IF EITHER, NOTII	underlying HER SIGNIFICATI WAS UNDERLY IG CAUSE C FY MEDICAL E	TING []  OF DEATH  XAMINER)	ONS CONTE	RIBUTING TO DE	EATH BUT NOT	RELATED TO THE	TERMINA usy in Pe	L DISEASE C	ONDITION GIV		1	PERFO	NO X
1 1111111	CERTIFICATI	geve rise to Imme (e), stetting the ceuse lest.  PART II. OTH  20e. ACCIDENT  OR CONTRIBUTION	UNDERLY WAS UNDERLY IG CAUSE C FY MEDICAL E	TING []	ONS CONTE	RIBUTING TO DI	RY OCCURED.	RELATED TO THE	TERMINA	L DISEASE C	ONDITION GIV			PERFO	DRMED?
	L CERTIFICATI	geve rise to imme (e), stetting the couse lest.  PART II. OTH  OPEN ACCIDENT TO THE CONTRIBUTION IF EITHER, NOTIL  20c. TIME OF IN	was underlying  Was underlying Cause of	TING []  OF DEATH  XAMINER)	ONS CONTE	RIBUTING TO DE	RY OCCURED.	RELATED TO THE	TERMINA	L DISEASE C	ONDITION GIV		1	PERFO	NO X
	MEDICAL CERTIFICATI	geve rise to imme (e), stetting the course lest.  PART II. OTH  20e. ACCIDENT DR CONTRIBUTINITE EITHER, NOTII  20e. TIME OF IN Hour e.m	undertying  HER SIGNIFICAL  WAS UNDERLY  IG □ CAUSE C  FY MEDICAL E  LJURY Mont	(c)  NT CONDITI  (ING [])  SE DEATH  XAMINER)  h, Day, Yeen	ONS CONTE	RIBE HOW INJU  NON  JURY OCCURRE  Not While  et work  ed the decea	RY OCCURED.	Enter nature of and	TERMINA ury in Per ie, farm, g., etc.)	L DISEASE CO	ONDITION GIV of Item 18.) or town)	(Cot	inty)	PERFO	(Stele)
	MEDICAL CERTIFICATI	geve rise to imme (e), stetting the couse lest.  PART II. OTH  20e. ACCIDENT DR CONTRIBUTIN IF EITHER, NOTII  20e. TIME OF IN Hour e.m p.m	underlying  HER SIGNIFICAL  WAS UNDERLY  IG CAUSE C  FY MEDICAL E  UJURY Mont  that (II) th	VING [] FORATH AMINER)  Th, Day, Year  The hospite	ONS CONTE	RIBE HOW INJU  NON  JURY OCCURRE  Not While  et work  ed the decea	RY OCCURED.	Enter nature of and	TERMINA ury in Per ie, farm, g., etc.)	L DISEASE CO	ONDITION GIV of Item 18.) or town)	(Cot	inty)	PERFO	(Stele)
1 1111111	MEDICAL CERTIFICATI	geve rise to imme (e), steting the couse lest.  PART (I. OTHER)  20e. ACCIDENT OR CONTRIBUTIN IF EITHER, NOTIL  40ur e.m.  p.m.  21. 1 certify	Underlying  HER SIGNIFICAL  WAS UNDERLY  IG □ CAUSE C  FY MEDICAL E  UJURY Mont  that (II) the  lased alive	VING [] FORATH AMINER)  Th, Day, Year  The hospite	20d. IN. White et work	RIBE HOW INJU  NON  JURY OCCURRE  Not While  et work  ed the decea	RY OCCURED.	Enter neture of and E OF INJURY (Homey, street, office bld	TERMINA  ury in Per  ie, farm, g., etc.)  19  av. 06	L DISEASE CO	ondition gives of item 18.) or town) the causes	(Cot	inty)	ha (I)	(Stete)  (Stete)  (We) last
	MEDICAL CERTIFICATI	geve rise to imme (e), stetting the couse test.  PART II. OTH  20c. ACCIDENT DOR CONTRIBUTIN IF EITHER, NOTII  20c. TIME OF IN Hour e.m p.m  21. 1 certify saw the dece	was underlying  HER SIGNIFICATI  WAS UNDERLY  GO CAUSE OF FY MEDICAL E  That (II) the lassed alive of E  R	VING [] FORATH AMINER)  Th, Day, Year  The hospite	20d. IN. White et work	RIBE HOW INJU  NON  JURY OCCURRE  Not While  et work  ed the decea	RY OCCURED.	RELATED TO THE Enter nature of any E OF INJURY (Hom y, street, office bld  ATTENDING	TERMINA  ury in Per  ne, farm, g., etc.)  19  av. Of	L DISEASE CO	ONDITION GIV of Item 18.) or town)	(Cot	inty)	ha (I)	(Stele)  (We) last
	MEDICAL CERTIFICATI	geve rise to imme (e), stetting the couse lest.  PART II. OTH  20c. ACCIDENT DR CONTRIBUTING EITHER, NOTH  20c. TIME OF IN Hour e.m p.m  21. 1 certify saw the dece  22c. PAYSICIAN	was underlying  Was underlying  Was underlying  Cause  Gause  IJURY  Mont  that (II) the  assed alive  E	VING [] FORATH AMINER)  Th, Day, Year  The hospite	20d. IN. White et work	RIBE HOW INJU  NON  JURY OCCURRE  Not While  et work  ed the decea	RY OCCURED.  200 PLACE feeton assed from	RELATED TO THE Enter nature of any E OF INJURY (Hom y, street, office bld  ATTENDING	termina  or, farm, g., etc.)  Mel	201. (City	ondition gives of them 18.)  or town)  the causes  STAFF PHYS.	(Cou	(A) the da	PERFO (ES	(Stete)  (Stete)  (We) last
	MEDICAL CERTIFICATI	geve rise to imme (e), steting the couse lest.  PART II. OTHER CONTRIBUTIN IF EITHER, NOTIL Hour e.m.  21. 1 certify saw the dece 22e. SIGNATURI	was underlying  Was underlying  Was underlying  Cause  Gause  IJURY  Mont  that (II) the  assed alive  E	VING [] FORATH AMINER)  Th, Day, Year  The hospite	20d. IN. White et work	RIBE HOW INJU  NON  JURY OCCURRE  Not While  et work  ed the decea	RY OCCURED.  200 PLACE feeton assed from	Enternature of me E OF INJURY (Hom y, street, office bld  death occured  ATTENDING PHYS.	termina  or, farm, g., etc.)  Mel	201. (City	ondition gives of them 18.)  or town)  the causes  STAFF PHYS.	(Cot	(A) the da	PERFO (ES	(Stete)  (Stete)  (We) last
	MEDICAL CERTIFICATI	geve rise to imme (e), stetting the couse lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN FEITHER, NOTII 20e. TIME OF IN Hour e.m p.m 21. I certify saw the dece 22e. SIGNATURI  22c. PAYSICIAN NAME (Type  BURIAL, CREME	was underlying HER SIGNIFICAL GO TO CAUSE OF FY MEDICAL E UJURY Mont Hased alive E MICH. 23b	VING [] FORATH AMINER)  Th, Day, Year  The hospite	20d. IN. White et work	RIBE HOW INJU  NON  JURY OCCURRE  Not While  et work  ed the decea	RY OCCURED.  200 PLACE feetor ased from  And that	Enternature of me E OF INJURY (Hom y, street, office bld  death occured  ATTENDING PHYS.	termina  ury in Per  in, farm, g., etc.)  19  av., oc. Met  in	201. (City	ondition gives of them 18.)  or town)  the causes  STAFF PHYS.	(Cou	(A) the da	ha (I)	(Stete)  (Stete)  (We) last
	MEDICAL CERTIFICATI	geve rise to imme (e), stetting the couse lest.  PART II. OTH  20c. ACCIDENT DR CONTRIBUTIN IF EITHER, NOTII  20c. TIME OF IN Hour e.m p.m  21. 1 certify saw the dece 22c. SIGNATURI  22c. PRYSICIAN NAME (Typ	was underlying HER SIGNIFICAL GO TO CAUSE OF FY MEDICAL E UJURY Mont Hased alive E MICH. 23b	VING [] FORATH AMINER)  Th, Day, Year  The hospite	20d. IN. White et work	RIBE HOW INJU  NON  JURY OCCURRE  Not While  et work  ed the decea	RY OCCURED.  200 PLACE feetor ased from  And that	Enter neture of any street, office bld death occured ATTENDING PHYS.	termina  ury in Per  in, farm, g., etc.)  19  av., oc. Met  in	L DISEASE CO	ondition gives of them 18.)  or town)  the causes  STAFF PHYS.	(Cou	(A) the da	ha (I)	(Stete)  (Stete)  (We) last od above b. DATE SIGNER
	MEDICAL CERTIFICATI	geve rise to imme (e), stetting the couse lest.  PART II. OTH  20e. ACCIDENT OR CONTRIBUTIN HOUR e.m p.m 21. I certify saw the dece 22e. SIGNATURI  22c. PAYSICIAN NAME (Typ  BURIAL, CREME	was underlying  Was underlying  Was underlying  Cause of the following that (II) the lased alive of the lase	VING [] FORATH AMINER) h, Day, Year is hospite	20d. IN. White et work	RIBE HOW INJU  NON  JURY OCCURRE  Not While  et work  ed the decea	RY OCCURED.  200 PLACE feetor ased from  And that	Enter neture of any street, office bld death occured ATTENDING PHYS.	termina  ury in Per  in, farm, 9., etc.)  A Mel  Mel  Mel  Mel  Mel  Mel  Mel  Mel	201. (City  201. (City  A.7 to.,  A.7 to.,  23d. LOGA	ondition gives of them 18.)  or town)  the causes  STAFF PHYS.	, 19 and on	the da	ha (1) ate state  22	(Stete)  (Stete)  (We) last od above b. DATE SIGNER



. 1	1	MINICION OF VITAI DECORDE 201 W OPECTON CYDECT PAITHAGUE MADVIAND 21201	1 0 50
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	250
		12041 CERTIFICATE OF DEATH	
€ =24		First Middle Lost 2a. DATE OF DEATH  Type or print) Manth Doy	2b HOUR
er death. funeral 1 and 2 er death.		Type or print) EVA HURCH Willis Manth Doy	Year 7 7 M
after he fur ges 1 after	3. 5		LNCER 1 YEAR   IF UNDER 24 HRS.
the daft	1	Femnle White Deux 24-1878 last bighday) YRS	ITHS DAYS HOURS MIN
\$ 30 m		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
executed within 24 hours after death of completely filled in by the funeral emove corbon papers. Pages I and 2 ony event, within 75 for or after death	(OL	Texas American WIDOWED DIVORCED PRince Geor	RG PO Md.
n 2	10.	CITY OR TOWN OF DEATH 111 NAME OF HOSPITAL OR INSTITUTION (If get in hospital 12g USUAL OCCUPATION (Kind of work done 1	126 KIND OF BUSINESS OF
vithir son F with	L	during most of warking life, even if retired )	INDUSTRY
w etel	13a	WATTSVILLE MA HANTSVILLE NURSING NOME SCHOOL TEACHER RE!	
completel ove corb	adn	issian) STATE MARY/AND JOB. COUNTY MONTAGMERY SUMNER, Md. YES X NO 5704 OVERLEA,	DN.
die be executed with	10		
a la	14,		last
of de de	17	Judson Hurd MARY	
Signature of the state of the s	100	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO.  17. INFORMANT  MR. T. Leland Willis, 5704 OVERLEA	01 C
# 4 E 5	-		KN. SUMNER, MO.
ie deoth cei attending p permit. The		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	BETWEEN ONSET AND DEATH
ne deoth attendi permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNECIMONIA	24-48 HIS
e d atte		412 DUE TO, OR AS A CONSEQUENCE OF	0 3 DAVS
the the		Canditions, if any, which gave) (b) CONGESTIVE HEART FAILURE	2-20175
that on. by i		Insertion immediate (duse (a))  Lating the underlying (a) set  DUE TO, OR, AS A CONSEQUENCE OF	45480
es de la constitución de la cons		WHYPERTENSIUE ARTERIOSCIEROTIC CARDIO-	YEARS
4: The law requires that to or offending physicion. The has been signed by the use as the burial, cremasity of the prior to burial, cremasity.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBCTING FO GEATH BUT NOT RELATED TO THE FERMINAL DISEASE ARCONDER ON GIVEN INAPART 1(0)	
ng F	2	OCHRONIC UREMIA OARTERIOSCLEROSIS OBLITERA	NS
law re ending s been as the	100	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONST	DERED IN CERTIFYING
t ATTENDING PHYSICIAN: The low re retained by the hospital or offending ECTOR: After this certificate has been 3 should be detoched for use as the with the State Dept. of Heolth prior to	CERTIFICATION	YES NO X CAUSES OF DEATH?	
AN: The	ERI I	210. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	18)
Tale Services	3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	,
renti hed	MEDICAL	(If either, notify medical examiner) P.M. 19 21d .N.JRY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Na (ity or Town C	ounty State
OR ATTENDING PHYSICIAN: be retained by the hospital or JIRECTOR: After this certificate e 3 should be detoched for us ed with the State Dept. of Heoli		While Not while \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ourly side
54 # 95		U WOR U WORK	V that (1) () In A
DING 1 by t After 1 be o	П	22a. I certify that (1) (this hospital) attended the deceased from $D = C_1$ , 1967, ta $C_1 = C_2 = C_3$ , 1967, ta $C_1 = C_2 = C_3 $	and hour and from the
ATTENDING stained by the CTOR: After i should be d		courses stated above, (I) (we) (aid) (did nat) view the bady ofter death.	and noor did ardar me
ATTE etaine cross shoul		22b SIGNACURE A 22c DATE	S GNED
OR O		Celyander L. Metar, M. D. DEGREE PHYS DIRECTOR - STAFF - 8	7-17-68
L D S P		226 PHYSICANS	101/ > 2
PIT. P		NAME (Type) ALEXANDER L. MATAS 1222 190.4 ROG ST., N.E., W.	19N, DC. 00017
TO HOSPITAL OR ATTEN Poge 4 moy be retainen TO FUNERAL DIRECTOR: director, poge 3 should should be tiled with th	230	. BURIA., CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	County) (State)
Pog Prog		BURIAL Aug 20, 1968 Glen wood Cemetery Washington, D	.C.
	24	FUNERAL DIRECTOR TOSEPH GAWIERS SONSAPPUS 250. REGISTRAR'S SIG	NATURE
VR A15 (4) 30M REV 1/68		5130 WISCONSIN AVE, N.W. WAShingTON, D.C. DATE AUG 21 1968 golon	Cas Juage
		71 30 7 17 3000 11 11 11 11 11 11 11 11 11 11 11 11	





-	LOUSIONO	F VITAL RECORDS,	D STATE DEPART 301 W. PRESTON CERTIFICATE O	STREET, BALTIMOR	TH RE, MARYLAND 2120	120	52
DECEASED-NAME     (Type or print)	first <b>Joseph</b>	Middle W.	Lost <b>Winter</b>	Au	DATE OF DEATH agust Manfi25,		26. HOUR 2:30P M
3. SEX Male	4. RACE Cauca:	sian	S. DATE OF	BIRTH <b>b. 9, 1912</b>	6. AGE (In year)	S IF UNDER 3 YEAR MONTHS DAYS YRS.	IF LINDER 24 HRS. HOURS M.N
70 BIRTHPLACE (State country) (VAS HING) 10 CITY OR TOWN OF Cheverly 130 SUAL RESIDENCE odmission) STATE	DEATH III	NAME OF HOSPITAL OR IN: street address ince Geo. Go	STITUTION (If not in hospite en. Hospita	VORCED Pri	UNTY OF DEATH  Lnce George  UPATION (Kind of work of working life, even if telm  13e STREET AND NUMBE	dane 12b, KIND OF INDUSTRY	Md F BUSINESS OR
odmission) STATE Maryland 14 FATHER'S NAME	First Middle	George s	Riveddale  15. MOTHER S	MAIDEN NAME First	4704 Olive		Last
	ER IN U.S. ARMED FORCES?	578-05	43 - 4 1	RDT.WIN	TER 560	ON HILL	X102
Canditians, if any rise to immedia stating the undulast.	(b)	AS A CONSEQUENCE OF				stasis.	
190 DATE OF OPER		HICH OPERATION WAS PE	YES		20b IF YES, WERE FINDI CAUSES OF DEATH?		ERTIFYING
OR CONTRIBUTING (If either, notify 21d. INJURY OCC While Not w at work	CAUSE OF DEATH HOUR A.M. medical examiner) P.M. URRED 21e. PLACE OF INJURY hile	Manth Day Year  AT HOME FARM, STREET, FA OFFICE BUILDING, ETC.	9 21f. LOCATION S	freet ar R.F.D. No	re of injury in Part 1 or Pa	County	State
22b SIGNATURE	that (this haspital) at deceased alive on Aug tated above, (we) (did	tended the decease ust 25 padakack view the	bady after death.  ATTER PHYS	17, 19 68, (aur) apinion  DING MED. DIRECTO		5 19.68 , tho ne date and haur 22c DATE SIGNED August 27	
22d PHYSICIAN S NAME (Type) 23g. BUR AL CREMATIC REMOVAL (Space)	DN 23b. DATE		Pri	nce Geo. G	en'l Hospita	(Caunty)	rly, Md,
24 FUNERAL DIRECTOR				250 REC D BY REG	STRAR 25b REGIST	TRARS SIGNATURE	nege.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12653 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME Middle 2a. DATE KNOWN Day Manth Year (Type or Print) ESTI-Clafton 168 James Wright DEATH MATED X am 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup M 30 June 1923 8:20 Depart 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [ DIVORCED [77] State MASS Prince George Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane Office along with 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY GOVT Cheverly Prince George H dsp GEOLOGIS 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY admission) STATE tem 18. Fairfax Alexandria 615 South 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Last CATHERINE FRANK S WRIGHT HOLT hours Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, ng, gr unknown) (If yes give wor or dates of service) 615 SO FATREAX WITINA B WRIGHT within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 4 should be forwarded to the Chief Medical permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: "pending" Bilateral hemothorax Min. IMMEDIATE CAUSE (a)\_\_\_ event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave Multiple rib fractures rise to immediate cause (a). certificate should writing the word in ony DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Trauma-auto accident puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 removal. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, NO J YES 🗀 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. buriol, cremation, 9:05Am. 8 1968 Driver of car involved in collision. CAUSE OF DEATH 21e. PLACE OF INJURY fAt home, form, street, 21f. LOCATION Street or R.F.D. No. City of Town County State factory, office building, etc.) Baltimore Wash. Parkway Bladensburg Prince George Md. 22a. I certify that I took charge of the remains described above, held an Autopsy . Inquiry 3c Inspection . and in my apinian the funeral director. Natural causes Accident Sc. deoth resulted fram: Suicide Undetermined manner Homicide [ CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE John Kehde, M.D., Riverdale DEPUTY MEDICAL EXAMINER **FYAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) SOI BURIAL CREMATION 23h. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15ME (SI DATE TOM REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	1204 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 120	12054						
HEALTH DEPT.	1. DECEASED NAME First Middle Last 2a. DATE KNOWN Manth Day	Year 2b HOUR						
ay is 3 ta Page Page	(Type or Print)  Pearl  Vita  Zuckerman  OF ESTI- DEATH MATED & 8-20-68	19 9: 04 pm						
delay and 3 43. Pa	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR						
A A	Female   White   2-10-1915   53 YRS     18 20 68	19 9:10рт м						
TEV 18	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY)							
es se s	Russia U.S.A. WIDOWED DIVORCED Prince George's  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol   12a. USUAL OCCUPATION (Kind of work done   12b. KIND	OF BUSINESS OR						
after death.  Sive Pages along with followith the State.	Cheverly   give street oddress    Cheverly   George Hospital   during most of working life, even if retired.)   INDUSTRY   Housewife   INDUSTRY							
dec dec	13a. USUAL RESIDENCE (Where deceased liyed, if institution: Residence before odmission) STATE  Mass.   13d. COUNTY   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13d. INSIDE CITY LIMITS?   13d. INSIDE CITY							
	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last						
	Harry Liberman Lifshe	? ?						
pag hou	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng., ar unknawn) (Il yes give wor or deries of service) NO Unknown Meyer Zuckerman Same as 13							
This certificate should be executed wit icate, writing the ward "pending" in perfect forwarded to the Chief Medical Exalphe be used as a burial-transit permit. File ar remaval, and in any event within 72	1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  APT 101 A	PROXIMATE INTERVAL EEN ONSET AND GEATH						
med med med ber	DUE TO, OR AS A CONSEQUENCE OF							
vuld be extracted "pend "pend "pend "pend ne Chief Me al-transit per any event	Canditions, if any, which gove is to immediate couse (a). (b) STYVH FRHCTURL M	19N						
certificate should be e writing the ward "per rwarded to the Chief used as a burial-transit navol, and in any ever	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.							
the slate of the distance of the distance of the slate of the distance of the slate of the slat	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)							
fica fing rded as as	8.12.11							
nis certificate tre, writing the farwarded to be used as a b remaval, and	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)	AUTOPSY?						
This cate, be fa	THE TRICKING OF THE TRICKING O	YES NO JK						
# n = -	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING   21b. TIME OF INJURY Month, Day, Year HOUR A.M. 9:02 mm 8-20-19 68 Pedestrian struck by car.							
inner: be certifi shauld files: 3 should natian, a	CAUSE OF DEATH 9:02 mm 8-20- 19 68 Pedestrian struck by car.  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D.Na. (ity or Jown County State							
Z = 4 = 0 = E	white Not write to foctory, office building, etc.) At work At work Rt. 450, Capitol Plaze Hyattsville, Prince George Co., Md.							
L EXA cecute Page for you R: Page ial, cre		d in my opinion						
e e ex rtar. red i bur	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner							
please I directa retained I DIRECTOR to be for	ACTUAL CHIEF MEDICAL EXAMINER							
TY TY, P erol De re RAL Prio	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L. 22B. DATE SIGNED							
o DEPUTY DICA necessary, please e the funeral directar S may be retained D FUNERAL DIRECTA Health prior to bu	Enterior 2	1-68						
O DEPUT necessary the funer S may be O FUNERA Health p	230. BURIAL CREMATION / 23b. DATE   23c. NAME OF CEMETERY OR CREMATORY Com   123d LOCATION (City or Town) (County)	(State)						
	Burial 8-23-68 Tifereth Israel of Everett Everett	Mass						
R	24. FUMERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE							
VR A15ME (6)	Goldberg Funeral Home 4217 9th St., N.W. DAIE AUG 26 1958	magn						